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UNIVERSITY OF ALBERTA

DESCRIPTION OF NURSE EDUCATORS AND EXPLORATION OF THEIR PROFESSIONAL ROLE

by

R. MARJORIE DRURY

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF NURSING.

FACULTY OF NURSING

EDMONTON, ALBERTA

SPRING, 1993

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Description of Nurse Educators and Exploration of Their Professional Role submitted by R. Marjorie Drury in partial fulfillment of the requirements for the degree of Master of Nursing.

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Abstract

This descriptive and exploratory analysis is of data obtained from a large data base, collected for a pilot project about students, graduates and faculty of all nursing education programs in Edmonton in the 1990/1991 academic year. The quantity and quality of data about the nurse educators warranted this separate study. The purpose of this study was to describe the existing population of nurse educators and explore aspects of their professional role. Descriptive analysis of the demographic and biographic data was completed. Relationships were explored between selected demographic and biographic variables and the outcomes of the Nurse Self Description Form (NSDF) (Dagenais & Meleis, 1982). This tool was used to assess the self-perceptions of the professional orientation of the nurse educators. SPSSx (Norusis, 1990) was used to carry out statistical computations and display. The sample consisted of the voluntarily returned documents from 140 nurse educators, representing all five prelicensure nursing education programs. The demographic and biographic variables were described using frequency distributions, tabulation of statistical results, and text discussion of findings. Pearson correlations were computed between ten of these variables and the total NSDF score. With significance

level established at .05 or less, six of the ten correlations suggested low to moderate relationship. The distribution of NSDF scores was displayed and discussed. Internal consistency reliability of the NSDF tool for this population was established at .94 with the Cronbach's alpha technique. This compares with two previous alpha ratings of .93 reported by Dagenais & Meleis (1982) and Wertenberger (1987). Implications of the results of this study for educators, staff developers and administrators were stated. The description of this group of nurse educators could be of use to administrators especially as they plan for future staffing needs and educational requirements at this critical time in the development of nursing education in Alberta. Directions for further research were suggested.

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To the Lord of my life, Jesus

for sustaining me with His love, peace, joy and strength

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Chapter One

Introduction

Nurse educators are known to be influential in the professional socialization of students. They have the potential to encourage students to adhere to professional values and norms, and to develop attitudes of lifetime allegiance to nursing as a profession. The role of the nurse educator has been called the critical element in how well students are assimilated into nursing (Moloney, 1986).

Recognition of the importance of nurse educators in the process of professional socialization encourages the exploration about their professional identity. The results of this study add to the knowledge base about the professional identity of the nurse educators from this sample, which represented all five nursing education programs in Edmonton, Alberta in 1991. Their demographic and biographic information is described and analysed. Aspects of their professional role orientation are explored. The context which gave rise to this piece of research is described to give further understanding for the need for this study and the expected outcomes.

Context of the Research

Nursing education is in a state of significant development at the beginning of the 1990's. In order to provide an education that will advance the profession of nursing and meet the changing requirements of the health care system, nursing leaders in the Edmonton area proposed program changes to reflect the need for advanced preparation of nurses.

The Edmonton and Red Deer Nursing Program: Collaborative Model (hereafter referred to as the Collaborative Program) was designed to involve all institutions of nursing education in the cities of Edmonton and Red Deer. The Edmonton sites of the Collaborative Program include three hospital based schools (the Royal Alexandra Hospital School of Nursing, the Misericordia Hospital School of Nursing and the University of Alberta Hospitals School of Nursing), one college program (Grant MacEwan Health Sciences Nursing Program), and one university faculty (the University of Alberta, Faculty of Nursing). A new baccalaureate program was implemented with four of the nursing education institutions collaborating to provide the first two years of education, with the University being the site of instruction for years three and four.

The first two years of the program have been standardized across the four locations to provide a consistency in the education for all students. At the end of the two year period, access to years three and four at the University of Alberta is available to a portion of the students, leading to the achievement of a Bachelor of Science in Nursing degree. The successful students are eligible to write the Canadian Nurses Association Testing Services Comprehensive Examinations (C-NATS) and are qualified to apply for licensure as registered nurses (R.N.).

Due to the present financial constraints of government financing, there is a limit to the number of students currently admitted into years three and four. Of the 467 originally admitted to the program in September of 1991, places for 235 students with a minimum of 4 aboriginal students, have been made available at the University. Provision to increase the numbers admitted to years three and four is expected for the future. It is anticipated for 1995, that the number of initial graduates from the Edmonton site Collaborative Program will provide for three times the previous number of baccalaureate prepared graduates.

For those not following the baccalaureate degree route the option exists to complete a diploma exit program, consisting of six-months of further preparation. At that time, students are eligible to write the C-NATS examinations and pursue licensure as a registered nurse. The baccalaureate degree can also be completed by these students at a later date through the Post-RN Program available at several Alberta universities.

It is expected that the diploma exit program will be gradually phased out as student demand for baccalaureate degree places continues to increase and as resources within the program can be reallocated to cover the costs of years three and four. These plans to encourage more baccalaureate preparation of nurses are in response to a policy statement made by the Alberta Association of Registered Nurses (AARN) in 1987 entitled "Entry to Practice 2000: An action plan for 1987-2000 (EP 2000)". This plan supports the baccalaureate degree as entry level to practice by the year 2000.

These changes have far reaching implications for nurse educators. Within hospital and college based programs, the majority of educators have been prepared

to the baccalaureate level with increasing numbers having achieved master's level preparation in nursing or educational fields. At the University, the educators have been described as primarily master's and doctorally prepared faculty (Richardson, 1991). As more nursing students are being prepared at the baccalaureate level, the need for recruitment and preparation of qualified faculty are major issues (Kerr, 1991). EP 2000 necessitates not only a change of preparation to enter the profession but will increase the need for higher education for nurse educators. This has implications for the increased development of current graduate nursing programs. The restructuring of nursing education will call for the nurse educators to recognize the need for the change and the willingness to support the necessary advancement. A study of the concerns of nurse educators was undertaken in the midst of planning for the Collaborative Program (Fisk, 1991). Fisk's study provided a report of nurse educators from the three hospital based nursing education institutions and the University. That study encouraged more research regarding the nurse educators and recommended that further description be obtained representing all

institutions involved in the Collaborative Program with a larger sample if possible. The scope of the present study reflects this recommendation and enhances the description of nurse educators.

In addition to Fisk's study of the nurse educators in 1991, the need was recognized to conduct a much broader survey of nursing education just prior to the implementation of the Collaborative Program. With the major change in program direction, nurse leaders took responsibility to prepare themselves for future evaluation of the new program. A pilot project was proposed and carried out entitled "Characteristics of Students, Graduates and Faculty of Edmonton Nursing Programs" (Wertenberger et al, 1991). This project was designed to test selected evaluation instruments and data collection strategies in preparation for a larger, full-scale evaluation research project planned to cover the first ten years of the Collaborative Program. The participant pool included current students, graduates and educators from all five nursing education programs in Edmonton and tested the use of three demographic and biographic information surveys and three outcome oriented instruments: the Nurse Self Description Form,

the Job Characteristic Index and the Clinical Decision Making in Nursing tool.

Investigators from the pilot project, upon completion of data collection, recognized the opportunity for other researchers to make use of the data collected. Subsequently, it was decided that the quantity and quality of data about the nurse educators would warrant the further description and exploration proposed for this present research study.

Significance of the Study

Having access to a broad variety of data from a representative sample of nurse educators in Edmonton from all five prelicensure institutions of nursing education, has allowed an opportunity to examine this population at an important time in the development of nursing education in this province. Implications arising from the trend toward baccalaureate entrance to practice standards include a necessary consideration of the professional qualifications and availability of nurse educators for future needs.

This study provides descriptive information about the nurse educators that may be of interest to nurse leaders, administrators and the nurse educators themselves. Selected from the demographic and

biographic information surveys of the previous pilot project (Wertenberger et al, 1991), this description provides information about the nurse educators as a group. Specifically these items have been selected to describe: age, gender, year of graduation from basic nursing program, educational credentials obtained in nursing and from other disciplines, current enrolment status in graduate studies, future professional aspirations, type of educational program, type of institution employed in, employment status, number of years of clinical nursing and nursing education experience, satisfaction with current position as educator, number of professional journals regularly read, and indication of involvement in activities that maintain professional competence.

Based on information gathered from pertinent literature regarding the professionalism of nurse educators, these items were chosen for their appropriateness for description of nurse educators and exploration of possible relationships to their scores from the Nurse Self Description Form, also used in the pilot project with nurse educators. The results of the NSDF have been included in this study to provide information about the perceptions of the nurse

educators as they rated themselves on a scale measuring aspects of their professional role orientation.

The nursing profession is concerned with enhancing the education of nursing students and fostering their successful socialization into the profession. In a recent commentary on the condition of baccalaureate nursing education in the United States this statement was listed with four others as areas of present weakness, "Insufficient attention is given to the development of ethics, values, intellectual skills, and socialization as a professional" (Aydelotte, 1991, p. 468). Professional socialization is a process which facilitates the internalization of the values and norms of a professional group into one's own behavior and self-concept (Jacox, 1978). Because of the potential for the impact of nurse educators to facilitate the process of professional socialization in their students (Diekelmann, 1990; Gliebe, 1977 and Jacox, 1978), nurse leaders suggest that this process should be enhanced wherever possible in their programs of learning (Martins, 1988; McCain, 1985). As potential role models, nurse educators need to be concerned about their professional image and be seeking to further develop their own professionalism as well as that of

their students. This study will provide nurse educators with information about themselves as a group and will identify areas where ongoing professional development could enhance their personal growth in professionalism.

An exploratory element has also been included in this study to examine possible relationships between selected demographic and biographic variables and the outcomes indicating professional orientation of the nurse educators. This analysis is intended to add to the knowledge base about the professionalism of nurse educators and may indicate the need for further examination of relationships between their preparation as educators and their professional role.

Purpose of the Study

From this descriptive, exploratory study, an overall view of the nurse educators in Edmonton will be possible. This will be of value to administrators as they assess the future needs of faculty for both inservice educational programs and formal programs leading to advanced degrees. Educators could benefit from this focus on professional values as a part of ongoing faculty development. As the baccalaureate degree becomes the standard for entry to practice,

educators will need to assess their educational preparation and professional development to further enhance the professional socialization of their students. The results of this study could also form a baseline for future comparative studies of nurse educators. With these aims in mind the questions listed in the next section were posed.

Research Questions

1. From the demographic and biographic information available, what overall picture emerges of the nurse educators from the five nursing education programs in Edmonton during the 1990/1991 academic year?
2. How do these nurse educators perceive their own professional role orientation, as indicated by their total scores on the Nurse Self Description Form?
3. What is the nature of the relationships between selected demographic and biographic variables of the nurse educators and their NSDF scores?
4. What reliability and validity information is gained about the NSDF tool when used for this population?

Definition of Terms

For purposes of this study, the following definitions have been used:

Nurse Educator

An individual involved in the education of nursing students within hospital, college or university programs of nursing education, having a minimum requirement of a B.Sc.N. and R.N. designation. Although some variations of this term exist among the various programs, including clinical instructor, professor, and lecturer, these primarily denote functions. For the purposes of this study these distinctions were not made.

Collaborative Program

A program of nursing education designed for Edmonton and area in which hospital and college institutions of nursing education collaborate with a university nursing program to provide a four year baccalaureate education for nursing students. Currently, four nursing education programs in Edmonton are accepting students for the first two years of the Collaborative Program. Students then prepare to complete a baccalaureate degree (B.Sc.N.) in years three and four at the University of Alberta, or take the option of a diploma completion practicum of six months. This is provided at the end of the second year in the four preparatory programs. At the end of both

options, students are eligible to seek nursing registration (R.N.) after successful completion of examinations set by the Canadian Nursing Association Testing Services (C-NATS).

Professional Socialization

The process by which a person acquires the knowledge, skills, values and attitudes of a professional group and internalizes them into their own behavior and self-concept.

Professionalism

Behavioral attributes which reflect the acquisition of knowledge, skills, attitudes and values of a particular role that will enable the individual to function effectively as a member of the profession.

Professional Orientation

The manner in which a person assumes a professional role, encompassing generally agreed upon characteristics of autonomy, altruistic behavior, leadership capabilities, use of research based knowledge, and demonstrated interest in professional development.

Nurse Self Description Form

The NSDF is a 19 item Likert-type scale which has seven ordered choices per item. Respondents are asked

with this scale to rate themselves in comparison to other nurses on selected characteristics related to professional behaviors. It is used as a measurement of nurses self-perceptions of their professional orientation. This tool appears in Appendix A.

Chapter Two

Literature Review

In preparation for a description of nurse educators, with an emphasis on the professional aspects of their role, the literature reviewed for this study was focused on the following themes: nursing as a profession, descriptors of professionalism, professional socialization, the impact of nurse educators on the professional socialization of students, changing roles of nurse educators, rationale for choice of demographic and biographic variables from the original study, and the use of the Nurse Self Description Form (NSDF) as a measure of professional orientation.

Nursing as a Profession

Resolution of the question of whether or not nursing is a recognized profession is not attempted in this study. Criteria for inclusion on a list of those occupations considered "professional" varies with each discipline seeking to define the parameters. An overview of the use of the term "profession" by Moloney (1986) was helpful in determining the scope of the debate. Exposure to earlier literature on the nature of the profession (Becker, 1962; Hall, 1968; and

Wilensky, 1964) served to underscore the complexity of defining the term. Thought provoking articles citing the need for nursing to develop to maturity as a profession are evident as well (Rodgers, 1981; Styles, 1983). When authors gave less than full status to nursing as a profession, terms such as "semi-professional" were used (Etzioni, 1969). Regardless of the disagreement concerning the defining attributes, nursing literature on the whole seems to subscribe to a view that describes nursing as at least an emerging profession (Jacox, 1978).

Descriptors of Professionalism

For the purposes of this study, literature from nursing and other disciplines was examined to determine the common descriptors of professionalism. Although there exists, to this writer's knowledge, no widely accepted definitive list, there are several references to characteristics of professionalism. Nursing literature was also examined to see which attributes described as professionalism may have been used in relationship to nurse educators.

Hall's attitudinal attributes (1968) are one common example of an attempt to itemize the indicators of professionalism. Listed in an abbreviated form, the

attributes would describe professionalism as: 1. the use of the professional organization as a major reference 2. a belief in service to the public 3. belief in self-regulation 4. a sense of calling and 5. autonomy (as cited in Schriner & Harris, 1984). These are the attributes assessed in a study by Schriner and Harris of nurse educators with varying levels of educational preparation. The findings suggested that there was a positive correlation between the advancement in educational preparation and the evidence of professional attributes. More research was suggested with larger groups and in other settings.

Other studies have sought to establish the strength of relationship between the values of professionalism held by students as compared to the values of professionalism evident in the nurse educators of their program (Saarman, Freitas, Rapps & Riegel, 1992). This study was built on the premise that faculty is assumed to positively influence critical thinking and professional values of students. Results of this study claimed "strikingly similar" values of students and faculty. When professional values were ranked by both students and faculty, similar choices and rankings were not uncommon. The

authors focused on five main values to indicate relevance to professionalism: independence, recognition, decisiveness, leadership and achievement. Problems with this study include vague reasoning about the choice of these values to signify professionalism and inconclusiveness about whether or not the values held by students had actually been developed during their nursing education or whether students with these types of values are predisposed to enter nursing education. This example illustrates the difficulties experienced in many studies in assessing the professionalism of either students or nurse educators.

The interest in and attempted assessment of attributes associated with the professional role is not limited to literature of the 1980's or 1990's. There was considerable interest in role theory and socialization into the profession much earlier in nursing literature. The following section reviews literature focused on the concept "professional socialization" (see Definition of Terms). This concept is key to understanding the impact that nurse educators may have upon their students, especially as it concerns the development of the student's professional orientation.

Professional Socialization

These two words have been combined in literature to denote a concept concerning the socialization of individuals into a profession. In this combined form, the words have been used in several contexts outside of nursing literature. The term has been applied to a process involving the preparation of researchers in medicine (Bland & Schmitz, 1986). There is evidence of the use of the term professional socialization within a faculty of education in the process of preparing teachers and principals (Hart, 1991). The professional socialization of psychotherapists was portrayed in a negative way, claiming that the process is binding and stifles individuality (Lazarus, 1990). Psychiatrists and psychologists have been assessed for outcomes of professional socialization (Thomas, 1985). Social workers have been identified as a group for which professional socialization is a necessity (Loseke & Cahill, 1986).

The term has been used extensively in nursing literature, being associated with different levels of nursing education and continuing education for nurses after graduation. Prior to the 1960's, no use of the words "professional socialization" within the nursing

literature has been identified by this writer. This is not to say however, that the elements included in professional socialization were not being recognized. There has been acknowledgement of a process of change within nursing students during their education but not referred to with this combination of words. An example of this is the six-stage doctrinal conversion process written about in the work of Davis in 1966 (cited in Kozier & Erb, 1988), who developed the model to describe significant changes occurring in nursing students. This model incorporates the elements of professional socialization but does not label it as such (although Davis does use the term in the discussion of the process). Another example of a model of professional socialization was outlined by Simpson (1967). Three distinct phases were identified in this model. One of the key articles describing professional socialization of nurses was written by Jacox (1978). This article gives a good summary of the understanding of the term as it was being used in the 1960's and 1970's.

Discussion of this concept also invites review of the work by Corwin (1961). Bureaucratic and professional scales developed by Corwin sought to

describe the outcomes of the socialization process of nurses in a way which would account for discrepancies in their views of nursing (Corwin & Taves, 1962). Nursing Role Conceptions, a modification of the original scale used by Corwin, was used by Pieta (1976). In that study, the role conceptions of nurse faculty and students were compared, indicating the importance of the relationship believed to be occurring between the nurse educator and the student in the development of the student's values about nursing.

Use of the term "professional socialization" in nursing was expanded by the work of Kramer (1974), in presenting the concept of "reality shock" in which the outcomes of the process were emphasized with recommendations for preparing students realistically for entrance into the profession.

The Cohen model of professional socialization, developed in 1981 (Cohen, 1981), proposed that nursing students progressed through four developmental stages. A scale was developed and used for a research project in an attempt to test the validity of Cohen's conceptualization of professional socialization (McCain, 1985). However, the results of the study

failed to support the sequential developmental stages of the process.

More interest in the process was evident in the 1980's when Hinshaw (1976) sought to adapt the Simpson model to further explore the professional socialization process.

Use of the term, professional socialization, has not been restricted to the North American continent. Concern for the preparation of nursing students in Australia prompted Martins (1988) to address this concept. British nurse educators share an interest in understanding the process as well. Wilson and Startup (1991), conducted a comparative study of three groups of nursing students in an effort to better describe and improve the process of professional socialization.

Measurement of how individuals have progressed in the process of professional socialization has been addressed by nurse researchers. The Professional Socialization Staging Scale (McCain, 1985) has already been discussed. A more recent attempt at describing professional socialization was made possible through the Assessment Tool for Professional Socialization (Throwe & Fought, 1987). This tool was based on the Erikson developmental model which is meant for use as

an evaluation tool. Both student and faculty members are required to assess the student's progress through the eight developmental stages. Accomplishment of a developmental task at each stage is assessed by comparison to a criterion statement and descriptors of both role-resisting behaviors and role-accepting behaviors. Although this tool does not allow for quantification of results, it does have merit in the opportunity it affords the student and nurse educator to confer and discuss the student's progress.

Dagenais and Meleis (1982), in a discussion about another tool, the Nurse Self Description Form (NSDF), felt that previous to the development of the NSDF, no other instrument had encompassed all dimensions of the perception of self professionally. The tool they advocated (the NSDF) included several facets of professional activity. This tool has been used to assess differences of professionalism among graduates and students from different types of nursing education programs (Grant, 1988; Wertenberger, 1987; Hoffmeyer & Wertenberger, 1991). It addresses items which focus on autonomy, scientific outlook, research ability, potential for acting as a change agent, adaptability, altruism, ability to role-take and empathize, and

interest in professional involvement and improvement (Grant, 1988).

The NSDF tool, because of its importance to this study, has been discussed in greater depth in a separate portion to follow in the literature review. In a recent review of the professional self-concept of nurses (Arthur, 1992), the NSDF was said to "provide useful direction for the understanding of the dimensions of the professional self-concept of nurses" (Arthur, 1992, p. 715). This author then went further to build upon the ideas of Dagenais and Meleis to develop another tool which is now being tested and proposed for cross-cultural measurement of professional self-perception of nurses.

The concept of professional socialization, whether it be of the student or the nurse educator within the profession of nursing as a whole, still requires much study, documentation, research and review.

Nurse Educators' Impact on the Professional Socialization of Students

When Jacox (1978) addressed the topic of professional socialization of nurses, she identified three core characteristics of professionalism:

attaining specialized knowledge through a long period of education, demonstrating a commitment to service and acting in the best interests of the client, and practising in an autonomous manner. Jacox also sought to identify factors which contributed to the students' growth in developing these three characteristics. Of two key factors, the role of faculty is listed first. The importance Jacox placed on faculty's influence can be seen from the statement, "How successful faculty are in helping the student to develop a professional identity is partially dependent on how well faculty themselves have internalized the values of a professional" (Jacox, 1978, p. 13). This statement lends support for this study's emphasis on the self perceptions of nurse educators regarding their professional role orientation.

A study by Gliebe (1977), sought to compare the attitudes of students to those of their instructors to determine if socialization was taking place. Gliebe spoke of the need for consensus of faculty attitude to better facilitate the socialization of the students. A further recommendation of that study was to encourage research on groups of nurse educators to determine the presence of a consensus of faculty attitude.

Although Jacox wrote in the 1970's and identified the impact of nurse educators on the professional socialization of students, writers in the 1980's and 1990's are continuing this theme with vigor. There is yet significant work to be done to fully understand this concept.

Seigel (1984) outlines six criteria for a professional role and specifically describes nurse educators in terms of these criteria. The conclusions in this article very positively identify nurse educators as professionals. Seigel also emphasizes that educators should fulfil the function of role model for students and should therefore be committed to their own development as professionals. This would include, Seigel contends, that nurse educators seek to attain the highest level of educational preparation possible as well as maintain an active or visibly supportive role in professional organizations. Seigel supports the view that the status of the nurse educator will rise due to the prevalent emphasis on the baccalaureate as entry to practice movement.

Another researcher/author who has grappled with the impact of educator upon student is Marlene Kramer. Throughout the last three decades, this author has

studied the role modelling of educators and the role conceptions of students. Early work urged educators to examine themselves and increase their awareness of "the nurse as others see us" (Kramer, 1968, p.119). This emphasis was to ensure the realistic socialization of students into the profession, sparing them the discouragement of reality shock believed to happen when students had internalized values similar to educators which differed significantly from the values of practising nurses worked with after graduation. More recent research by this same author shows a responsiveness to the issue of the need for clinical expertise and continuing professional practice of nurse educators. Research was undertaken by Kramer, Polifroni and Organek (1986) to study "the relationship between faculty practice and student acquisition of beliefs, values, and attributes associated with professional craftsmanship" (p. 289). Recommendations from this study indicated the need for more research about nurse educators and their possession of attributes of professionalism.

An indepth review of literature on the topic of socialization and roles in nursing was completed by Conway (1983). This presents a helpful overview of

much of the research and writing done prior to 1983. This review does not focus directly on the professionalism of nurse educators but does cite studies by Crocker and Brodie (1974) and Sharp and Anderson (1972) in which the professional role conceptions of students were compared to those of the faculty. A concern was raised by Conway that the professional role conception of educators may not reflect to students the same professional role that practising nurses in clinical settings might project. If this is a valid criticism, it has implications that more knowledge be gained about the professional orientation of nurse educators specifically and about the process of socialization even past the stage of formal education of students. Recent writing about strategies to enhance the impact of nurse educators on the professional socialization of students focus not only on valuable contact in the clinical areas (Kramer, Polifroni, & Organek, 1986) but also in classroom practices promoting increasing awareness of the benefits of professional associations (Lindsay & Gaddis, 1991; Spickerman, 1988).

Research concerning professional socialization has been carried out previously in the same geographical

area as the present study. Within a hospital school of nursing in Edmonton in 1982, Pasichnyk examined the contribution of clinical experience to the professional socialization of nursing students. In this study, students, graduates, nurse educators and unit supervisors were given questionnaires to determine their views on the process. Recognition of the impact of nurse educators on their students in the process of professional socialization lends further support for the description and exploration of the professional role of nurse educators provided by this study.

A study has been completed very recently in Edmonton (Field, Day, Campbell & Reutter, 1992) in which a cross section of nursing students representing a four year university baccalaureate education program were interviewed and asked to complete questionnaires. The aim of this study was to discover how nursing students become socialized to nursing and how their attitudes and values change over time. The positive role of nurse educators in the professional socialization of the students was discussed in light of the bonds that were developed between students and faculty. The analysis of data from this study of student socialization is still ongoing.

Changing Roles of Nurse Educators

Recent literature in this area presents a wide scope of opinion about the future roles of nurse educators. This is linked closely to the changing practice of nursing. Whatever is to become of nursing tomorrow is to a large extent dependent upon the development of the nurses being prepared today (Biddle, 1992; Choudry, 1992; Rice, 1992). The importance of the professional socialization of students is reflected well in this statement:

> There can be little doubt that the survival of the nursing profession is dependent on ensuring that its future practitioners are not only knowledgeable skilled practitioners, but that they have been socialized according to professional beliefs, values, norms, motivational attitudes and ethical standards. As this process occurs primarily during the period of formal education and as the very survival of the profession is at stake, the development of professional role behaviors is of critical concern (Martins, 1988, p. 28).

Research involving the changing multidimensional roles of nurse educators is evident in the literature, particularly in the last five years. Steele (1991) describes a study undertaken to determine the differences in perceptions of practising and non practising faculty in regards to their effectiveness as

nurse educators. The findings of that study reveal the ongoing conflict that nurse educators face in arranging their priorities to include teaching, research and publishing, clinical practice and professional service.

A similar study by Mobily (1991) examined the role strain of multiple requirements and expectations placed on nurse educators. A summary paragraph highlights these expectations of nurse educators found especially in university settings:

> Faculty employed in these institutions are expected to be excellent teachers, engage in significant research, and participate actively in institutional, professional, and community service. Within these are further expectations that they keep abreast of current knowledge and developments within their field, take part in student development and advisement, assume administrative roles, and be active in professional organizations. These multiple expectations may place overwhelming and conflicting demands on faculty time, energy, and priorities (Mobily, 1991, p.73).

The implications for continuing research stated in this study cite the need for ongoing evaluation of the professional development of nurse educators.

Another researcher recognized the growing demand for advanced preparation for nurse educators. Williams (1989), reflects upon this need in the summary of an article about research which compared the work

behaviors of nursing and non-nursing college and university faculty:

> If the nursing leadership truly believes that beginning practice for registered nurses belongs at the baccalaureate level, they must develop a plan that will increase the numbers of nurse educators qualified not only to teach but also to meet the scholarly and research expectations of institutions granting this degree (Williams, 1989, p.36).

This statement by Williams (1989) clearly supports the need for description of the present state of educational preparation of nurse educators and their future aspirations to pursue advanced education.

Mobily (1991), Steele (1991), and Williams (1989) reflect the reality of the situation of nursing education in the United States. These concerns about changes occurring in the nurse educator role are also voiced by Myrick (1991), a Canadian author. Myrick speaks of the elevation in status of clinical expertise of nurse educators, and links the future of the professional credibility of nursing to the expert preparation of nursing students.

This is indeed a critical time in the development of nursing education and the role of the nurse educator. There is noted in the literature the increased need of meaningful faculty evaluation (Andrusyszyn, 1990; Gien, 1991, and Narayanasamy,

1991). The proposed philosophical changes within nursing education are also very prominent in the literature and will have significant effect on the role of the nurse educator (Bevis & Murray, 1990; deTornyay, 1990; Diekelmann, 1990; Freitas, Lantz & Reed, 1991; Moccia, 1990; and Tanner, 1990).

The impetus for the collection of data upon which this study is focused, was primarily the urgency of evaluation in the face of imminent change. Nurse leaders in the Edmonton area took steps to ensure the future progress of nursing education by planning the Collaborative Program. They recognized the societal need to prepare increasing numbers of baccalaureate educated nurses. The economic realities of the high costs of maintaining wholly independent schools complete with adequate resources, have driven these leaders to value the collaborative effort. The need for evaluation of programs, faculty and students alike in the years to come is evident. When changes of this magnitude are undertaken, there are apt to be subtle and not so subtle changes in the roles of the educators. This study attempts to provide foundational data about a specific population at a critical time in the development of nursing education.

There is potential for generalization to other groups of nurse educators. For these reasons it has been necessary to establish from the literature review, an understanding of nurse educators in general to determine what variables should be examined in this descriptive and exploratory study. The following part of the literature review provides rationale for the selection of demographic and biographic variables. The complete information questionnaire which the nurse educators were asked to complete is available to examine (See Appendix B).

Rationale for Chosen Demographic and Biographic Data

Age. This demographic piece of information, although a few respondents chose not to reveal it, is a statistic of importance. The most obvious and perhaps mundane use of data describing the age of nurse educators in this group is future planning considerations of administrators. However, the questions could be posed, "Is the maturity of nurse educators a factor in the professional socialization of students? Is it possible that older nurse educators, having experienced the professional aspects of nursing themselves for more years, reflect this in their degree of professionalism?"

Year of graduation from basic nursing education. This item was chosen from the information questionnaire to help place these educators in the context of the era in which they themselves had been professionally socialized as students. The literature describes a progression of role expectations which has changed dramatically over the last three decades in which these nurse educators graduated from their basic nursing education (Kerr, 1991). This researcher desired to explore possible correlations between the era in which these educators had been socialized with the result of their self perceptions of professional role in 1991.

Educational credentials. Information about the nurse educators was obtained about their education within formal nursing settings and also from other disciplines. The rationale for choice of this variable is based on literature which examined the possible relationships of increased educational preparation and subsequent evidence of more highly developed professional behavior (Seigel, 1984). Research studies of students with differing educational preparation yielded varying scores of professional attributes (Grant, 1988; Wertenberger, 1987). It was decided to

explore possible correlations between levels of educational preparation of this population as well.

Current educational status. Information on this variable included whether or not the nurse educators were currently enroled in programs of advanced study either within nursing or other disciplines. It is of value to examine this variable among these nurse educators to indicate possible future availability of nurse educators prepared at advanced levels. This information is of interest to nurse leaders involved in planning as well as administrators in institutions offering advanced preparation. It is also of interest to nurse educators themselves to get a sense of where they might rank themselves educationally with their peers. Recent information provincially and nationally about educational preparation of nurse educators was prepared as a summary and report for the Canadian University Schools of Nursing (CAUSN) from 1984-1989 (Richardson, 1991). The results of this study will provide local educators with some indications of educational status of themselves with the recognized limitation that not all educators in the Edmonton area chose to return the questionnaires and participate in the study.

Present satisfaction and future professional aspirations. In descriptive articles concerning professional attributes, a common theme was the ongoing need and desire for professional improvement or development (Bachman, Kitchens, Halley, & Ellison, 1992; Bevis, 1989; Birchenall, 1991; Freitas, Lantz & Reed, 1991; Neely, Truby, Shaughnessey, Barker, Burkhardt, Nagai-Jacobson, Snodgrass, & Youngblood, 1986; and Seigel, 1984). A picture of present satisfaction with the role of nurse educators locally could prove of value to those involved in providing nurse educator inservice education.

Employment status and type of program. These variables have been chosen for inclusion in this study for purposes of description of this population. No attempt has been made statistically to separate the populations of the different types of institutions to avoid unnecessary comparison between groups of nurse educators and their respective institutions. This was respected as a condition of approval of the study, recognizing the original purpose of data collection was not intended as an evaluation of existing programs. No report of correlation to professionalism scores is

forthcoming which would indicate place of employment status or connection to specific institutions.

Measurement of clinical nursing experience and educational work experience. The inclusion of these variables is meant to provide information about possible relationship of length of time in practising nursing and the degree of professional orientation. Again, this is of interest to add to knowledge gained from research which sought to identify the degree of professionalism with clinical experience in the profession (Choudry, 1992).

Professional activities. Data from two questions from the original questionnaire provide information about the professional activities of this group. One question asked for the number of professional journals read each month and the other required indication of activities participated in that were perceived to enhance their professional development. Support for description and exploration of this data comes from descriptive articles and research studies which addressed the need for ongoing professional development of nurse educators (Bachman, Kitchens, Halley & Ellison, 1992; Biddle, 1992; and Choudry, 1992).

The Use of the Nurse Self Description Form (NSDF) as a Measure of Professional Orientation

The Nurse Self Description Form (NSDF) was a tool chosen by the principal investigators of the original project "Characteristics of Students, Graduates and Faculty of Edmonton Nursing Programs" (Wertenberger et al. 1991). The intent of using the NSDF was to measure the professional role orientation of the respondents. For that pilot project, respondents included students, and graduates as well as nurse educators. The NSDF scores were included in the data chosen for analysis in this project because of the perceived value of information these scores could provide about the professional role orientation of these nurse educators.

It is not within the scope of this study to defend the original choice of this instrument over other tools designed to assess professional role orientations. However, the history and previous use of the tool are included to establish the legitimacy of the choice of the tool for this analysis.

The NSDF had originally been adapted from a tool used to study creative performance among National Aeronautics and Space Administration (NASA) Scientists Taylor, Smith, Ghiselia and Ellison in 1961 (cited in

Dagenais & Meleis, 1982). The NSDF was adopted and validated for use within the nursing profession by a group of researchers from the Western Interstate Council on Higher Education (WICHE). It was used by Ingmire and Taylor in 1967 to study the effectiveness of a leadership program in nursing (cited in Dagenais & Meleis, 1982). The tool had been used previously by Meleis and Farrell (1974) in a study of senior nursing students.

This tool has been used to assess nurses self-perceptions of their professional orientation. The legitimacy of self-perception as a valid measure of the attributes of professionalism is discussed in detail by Dagenais and Meleis (1982) in an article outlining the properties of the NSDF. The basis of role theory and a symbolic interaction perspective support the ability of self to make a comparison of one's own professional role to an appropriate reference group.

Student nursing populations have been the primary target for use with the NSDF (Grant, 1988; Meleis & Farrell, 1974; Meleis & Dagenais, 1981; and Wertenberger, 1987). In these studies, the primary concern has been the measurement of the professional role orientation and the comparison across groups of

students from differing levels of nursing education or differing programs. The NSDF has recently been used with a Canadian population (Hoffmeyer & Wertenberger, 1991) where its use was further assessed by a repeated measures test with a group of students. The results of this study provide information about its stability to measure professional role orientation over time.

In Sweden, Olsson and Gullberg (1987) made use of a translated version of the NSDF to study the perceptions of professional self among Swedish nurses. It was used there with nurses one year past graduation. Olsson and Gullberg, in subsequent studies were able to determine that perceptions of professional role were not static after completion of the formal nursing education but continued to develop as nurses were exposed to role models, role repetition and interaction with professional groups (1991).

When Grant (1988) used the NSDF tool in a comparative study with nursing students in differing programs of nursing, no significant differences were noted between students in their NSDF scores. However, Grant states the intention in her research is to do follow up studies of these students one year after

graduation to determine if any differences in perception of professional orientation arise then.

The results of the NSDF scores from the students and graduates responding to the pilot study (Wertenberger et al, 1991), are not yet available. For the purpose of this study, to encompass the multidimensionality of the professional orientation, the scale was used in its summated form. Three subscales with factors named empathy, work ethic and professionalism were identified by Dagenais and Meleis (1982) when the NSDF was subjected to a varimax rotation. The totals of the 19 item NSDF and the correlations to chosen variables are reported in Chapter Four of this study.

Chapter Three

Research Design

This project is a descriptive and exploratory analysis of data selected from an original study entitled "Characteristics of Students, Graduates and Faculty of Edmonton Nursing Education Programs" (Wertenberger et al, 1991). The original study was proposed as a pilot project to provide baseline information for comparison with future data to be collected about the incoming Collaborative Program. The quantity and quality of data about the nurse educators warranted this separate study. Descriptive analysis of the demographic and biographic information from the responding nurse educators as a group is presented in this study. Also, relationships have been explored between selected demographic and biographic variables and the outcomes of a survey designed to assess the professional orientation of the nurse educators as they perceive themselves (the Nurse Self Description Form).

Sample and Population

In the original study, educators, graduates, and students from all five prelicensure nursing education programs in Edmonton were approached and invited to

participate. These institutions were the University of Alberta, Faculty of Nursing; Grant MacEwan Community College, Health Sciences Division; Misericordia Hospital, School of Nursing; University of Alberta Hospitals, School of Nursing; and the Royal Alexandra Hospital, School of Nursing. Questionnaires and surveys were distributed to all 220 nurse educators on all sites. Of these 220, there were 140 respondents, (64%) representing all five nursing education programs. The results of these information questionnaires and NSDF scores have been examined and analyzed for the purposes of this study.

Procedure

The proposal for this study was submitted to the Joint Ethics Review Committee of the Faculty of Nursing, University of Alberta. An Ethical Clearance Certificate (Appendix C) was issued indicating that ethical concerns had been addressed to the satisfaction of the committee. The principal investigator from the original study made the coded demographic questionnaires and Nurse Self-Description Forms available to this researcher. No access to identification of respondents has been required for the purposes of this study. The responses to selected

items from the demographic survey and the NSDF scores were recorded on data entry sheets to promote correct and complete data entry into the SPSSx computer data analysis program.

Data analysis, descriptive and exploratory, was carried out once computer analysis was completed. Results are presented in Chapter Four.

Ethical Considerations

In the original study, nurse educators were advised that there were no risks associated with participation. They were also advised that completion of all questions was not required. There was no penalty associated with nonparticipation in the study. Participants were advised of the possible use of the collected data for secondary analysis, if subsequent ethical clearance was obtained. All forms were mailed in anonymously. A copy of the original letter of information for nurse educators is available (See Appendix E).

Two copies of the data generated by the secondary analysis have been made; one copy will be kept by the original principal investigator, Dana Wertenberger, and the other by this researcher. No further contact with any of the nursing educational institutions or nurse

educators has been made in regards to this data. All agreements made in principle by the original investigators have been adhered to for the purposes of this study. A formal agreement was reached between the original investigators and this researcher and is available (See Appendix D).

The data used for this study are kept in a locked cupboard. In this publication and any further material published as a result of this study, it will not be possible to identify either individuals or specific nursing education institutions.

Instruments

The data used for this study are output from two sources of information: selected items from a questionnaire for nurse educators designed for use in the original study and the Nurse Self Description Form (NSDF), a tool intended to assess the professional orientation of nurses. The description of both these instruments is outlined in this section.

Nurse Educator Questionnaire

The questionnaire which the nurse educators were given in the original study contained thirty-seven items. Five of these items asked for demographic information regarding age, gender, racial origin,

marital status, and educational achievement. Several of the original items, seeking biographical information, were included in the original questionnaire for purposes other than those proposed for this study. The fourteen items chosen for description and analysis in this study include the following: age, gender, year of graduation from basic nursing education program, educational credentials obtained in nursing and from other disciplines, current enrolment status in graduate studies, future professional aspirations, type of educational program where currently employed, employment status, number of years of clinical nursing and nursing education experience, satisfaction with current position as educator, number of professional journals regularly read, and indication of involvement in activities that maintain professional competence. Based on information gathered from pertinent literature regarding the professionalism of nurse educators, these items were chosen for their appropriateness for description of nurse educators and exploration of possible relationships to their scores from the NSDF assessment. The nurse educators who chose to respond to the informational questionnaire were instructed to leave

blank any items which they did not choose to answer. Items which were omitted on returned questionnaires were recorded as missing data and accounted for in subsequent analysis.

Rationale for the choices of items from the information questionnaire is described within the literature review portion of the thesis.

The Nurse Self Description Form (NSDF)

The NSDF is a 19 item Likert-type scale which has seven choices per item. Each of the seven levels of response remain constant throughout the nineteen items. Respondents are asked to rate themselves in comparison to other nurses on selected characteristics related to professional behaviors. A choice of level 1 would indicate they considered themselves by comparison on each attribute to be "definitely less than most nurses"; level 2 indicates "somewhat less than most nurses"; level 3 indicates "about the same as most nurses; level 4 "somewhat more than most nurses"; level 5 "definitely more than most nurses"; level 6 "far more than most nurses" and level 7 " to a degree rarely equalled".

The instrument that the NSDF had originally been adapted from was used in studying creative performance

among National Aeronautics and Space Administration (NASA) scientists, Taylor, Smith, Ghiselia, and Ellison in 1961 (cited in Dagenais & Meleis, 1982). The NSDF was adopted and validated for use within the nursing profession by a group of researchers from the Western Interstate Council on Higher Education (WICHE). When used as a 19-item summated scale, the internal consistency reliability for the sample used by Meleis and Dagenais (1981) was rated at .93. This same rating was achieved in another independent study using the NSDF within a large population of nursing students by Wertenberger (1987). To this researcher's knowledge it has not been used before to assess nurse educators.

The use of this tool is supported as a measure of professional orientation based on face and content validity. The nineteen items on the NSDF reflect generally accepted professional dimensions such as autonomy, demonstrated interest in professional development, research-based knowledge, altruistic behavior, and leadership capabilities.

This tool has been designed to assess nurses' self-perceptions of their professional orientation. The legitimacy of self-perceptions as a valid measure of these attributes is upheld in a discussion of the

conceptual properties of the tool by Dagenais & Meleis (1982). The basis of role theory and a symbolic interaction perspective would seem to give support to the ability of self to make a comparison of one's own professional role to an appropriate reference group.

In a thorough examination of this tool, Dagenais and Meleis describe the results of a factor analysis done on the NSDF (1982). They identified three major factors which they felt were well represented within the overall collection of the 19 items. They labelled these three factors as professionalism (addressed in nine items), empathy (addressed in four items) and work ethic (also addressed in four items). For the purpose of this study, to encompass the multidimensionality of the professional orientation of nurse educators, the scale was used in its summated form. Subscale totals were not described separately.

Data Analysis

Data analysis for this study was accomplished using the SPSSx computerized analysis program (Norusis, 1990). Data were entered in a fixed format; each variable was assigned to columns and a data file was established with indicators of missing values able to

be identified for all calculations and analytical processes.

For descriptive purposes, the data were illustrated with stem and leaf displays of all variables and NSDF scores. Box plots and scattergrams of the variables, derived from the biographical and demographic data as well as the NSDF totals, helped to visualize the distributions and correlations of selected variables.

Exploratory analysis was undertaken to examine the nature of relationships between each of these selected variables and the total NSDF score for each educator: age, year of graduation, level of educational preparation, employment status, number of years of experience in nursing, number of years experience as an educator, satisfaction as an educator and indicators of interest in ongoing professional development.

Assumptions

1. Nurse educators are influential in the professional socialization of nursing students and demonstrate a professional role model.
2. Attitudinal and value aspects of the professional role of nurses can be assessed by knowledge of their self-perceptions when compared to a reference group.

3. The Nurse Self Description Form is a reliable and valid tool to assess the self perceptions of the professional role of nurses.

4. The subjects who participated in this study answered the survey truthfully and completely.

5. There is potential for generalization of the findings of this study to other groups of nurse educators.

Limitations

1. The non-probability sampling technique used imposes certain limitations. The voluntary nature of the response required introduces the potential for bias in the types of individuals who choose to participate.

2. Although the sample returns came from all five nursing education programs, it may not necessarily be representative of the entire group of educators. This is primarily because of the voluntary nature of the selected research design.

3. The NSDF may not assess all aspects of the professional role.

4. Both the Nurse Educator Questionnaire and the NSDF, as self report measures were susceptible to individual response context and individual differences in question interpretation.

5. Data had already been collected. This researcher was limited to the amount and type of existing information from which to answer the research questions.

6. No comparison between educators from differing types of nursing education programs was to be done as per the original agreement with the participating programs.

7. The sample size of 140 out of a possible 220, was adequate but limited in terms of representation of the larger group.

8. All correlations are to be regarded as only suggestion of relationship. No causality between variables and the NSDF scores is established.

Chapter Four

Findings and Discussion

The findings of this study will be reported and discussed as answers to each of the four research questions. Where the findings can be shown graphically, figures and tables have been used to enhance the text explanation.

For the purposes of data analysis, variables of interest from the demographic and biographic questionnaire were abbreviated to allow for computer manipulation. These abbreviated forms were also used in figures and tables to facilitate display. Explanation for each abbreviated form is provided in Table 1.

In all references to this group of nurse educators, (from the five nursing education programs in Edmonton in the 1990-1991 academic year), it must be noted, that when findings are discussed, they represent the respondents to the study: a group of 140 from the original total approached of approximately 220. Because of the voluntary nature of their responses, no information is available about those who did not choose to participate in the study. All five programs are represented in the responses of the nurse educators,

Table 1: Explanation of Abbreviations Used in Analysis

Abbreviated Forms for Variables	Information Represented from Nurse Educator Questionnaires
AGE	Age of nurse educator
GENDER	Gender
GRADYEAR	Year of graduation from basic nursing program
NSGCRED	Highest educational credential attained in nursing
EDCRED	Highest education credential attained other than in nursing
GRADSTUD	Level and Program of current enrolment in graduate studies
FUTURE	Nurse educators view of nursing career five years into the future
HOWSAT	Extent of satisfaction with current position
EDPROG	Current employment in hospital,college or university program
EMPSTAT	Current employment status:Full-time or Part-time Permanent or Sessional
EDUCEXP	Number of years experience as a nurse educator: Choices from grouped categories
NSGEXP	Number of years experience in nursing, other than as an educator
PROFJOUR	Number of professional journals read monthly on a regular basis
PROFACT	Number of activities engaged in to maintain professional competence

but no attempt has been made to link responses with individual respondents or their respective nursing education programs.

Question One:

From the demographic and biographic information selected, what overall picture emerges of the nurse educators from the five nursing education programs in Edmonton during the 1990/1991 academic year?

The description of the overall picture will be presented as findings and discussion for each variable.

Age. Of the 140 respondents, 124 chose to reveal their ages in the questionnaire. The youngest nurse educator respondent was 26, the eldest was 60, providing a range of 34 years. The average age represented in this sample is 39.98 years. The median age is 40. Fifty percent of this sample is between the ages of 35 and 45. For considerations of future planning in the hiring of nurse educators, note that for this group, 89% were yet under 50 at the time of data collection in 1990-1991. However, age alone does not indicate availability for employment. Findings in other areas of this description give more information about the relative career stability of this group.

A visual representation of the frequency distribution of the ages of nurse educators is provided in the stem and leaf display of Figure 1. This type of display is a method of portraying a batch of data in such a way that less information is lost than in the conventional grouped frequency figure (Glass & Hopkins, 1984). The "stem" in this display is the first digit of the nurse educator's age. The second digit of their age is shown as a "leaf" on the stem. Each respondent's age is represented by one "leaf". For this display the leaves have been arranged on the stem to represent a span of two years in each row of digits. For example, the second "stem" of the display, marked 2s, indicates that two educators were aged 26 and seven educators were aged 27.

Gender. In this study, because of the predominance of females in the sample of nurse educators, gender was not a key issue. In this group of 140 nurse educators, 136 responded to this item. Of these, 1 indicated male gender. No differentiation was made in analysis or reporting as to the gender of the nurse educators. A more diversified sample would have been required to indicate any trends of difference in responses due to gender issues.

Figure 1: Ages of Nurse Educators

Frequency			Stem & Leaf
0	2	f	
9	2	s	667777777
4	2	.	8899
6	3	*	000011
5	3	t	33333
13	3	f	4444555555555
14	3	s	66666667777777
9	3	.	888899999
12	4	*	000000111111
12	4	t	222222223333
14	4	f	44444555555555
6	4	s	666677
6	4	.	899999
4	5	*	0011
3	5	t	233
2	5	f	45
3	5	s	667
1	5	.	8

1.00 Extremes (60)

Stem width: 10
Each leaf: 1 case(s)

Percentiles

Percentiles	25.0000	50.0000	75.0000
HAVERAGE	35.0000	40.0000	45.0000
TUKEY'S HINGES	35.0000	40.0000	45.0000

Mean	39.98	Std Err.	.70	Min	26.00
Median	40.00	Variance	60.46	Max	60.00
Std Dev	7.78	Range	34.00		

Valid cases: 124.0 Missing cases: 16.0

Year of graduation. For clarity of description, the years in which these nurse educators graduated from their basic nursing education programs were collapsed into four decades spanning 1951 to 1985. Information for this item was provided by 128 of the 140 respondents. Prior to 1960, 10% graduated from their basic nursing program. Between 1961 and 1970, 39% graduated. Another 39% reported graduation between 1971 and 1980. The final 12% completed their basic nursing education program in the early eighties. It was not within the scope of this study to reflect upon the trends of nursing education through these four decades. However, for staff development or ongoing inservice purposes, it may provide insight into the nurse educator's backgrounds to consider the prevailing philosophies of nursing education during those decades. The table displaying this data follows (see Table 2).

Nursing credentials. This item from the questionnaire provides information about 138 of the 140 respondents. They were asked to indicate which educational credentials had been obtained in nursing by marking all levels that applied (see Appendix B). The choices indicated were arranged into four distinct categories. For the purposes of this study, only the

Table 2: Year of Graduation

Decade of Graduation from Basic Nursing Education	Number of Nurse Educators	Percentage
1951-1960	12	10%
1961-1970	50	39%
1971-1980	50	39%
1981-1985	16	12%

Missing cases=12

highest level was recorded in the coding sheets:

1. Diploma in Nursing
2. B.N., B.N.S. or B.Sc.N
3. Masters degree (in Nursing)
4. Doctorate degree (in Nursing)

Indications of specialty certification or other accomplishments were not noted for this analysis.

From this sample of nurse educators, 2% indicated "diploma" as the highest credential. A further 77% acknowledged achievement of a B.N., B.N.S. or B.Sc.N. degree. Those completing a Masters degree in Nursing accounted for 20% of the sample. A Doctorate in Nursing was reported by 1% of the sample. That only two educators from this study could report a Doctorate in Nursing reflects the lack of available doctoral programs in nursing in Canada which had prevailed prior

to the inception of the recent Ph.D. programs in Nursing offered at the Universities of Alberta, Toronto and British Columbia. Following this section, this information is displayed in chart form in Table 3.

Table 3: Nursing Credentials of Nurse Educators

Highest Nursing Credential Obtained	Number of Nurse Educators	%
Diploma	3	2%
BN, BNS, or BScN	106	77%
Masters (Nursing)	27	20%
Doctorate (Nursing)	2	1%

Missing cases: 2

Education credentials apart from nursing. This item recognizes that nurse educators are prepared for their positions academically by a variety of educational routes. Respondents to the questionnaire were asked to indicate what educational credentials had been attained other than in nursing. For this item, there were 51 valid and 89 missing cases. As with the

nursing credentials, only the highest credential indicated for this item was recorded, analysed and described. In this sample of 51 nurse educators, 1 reported a diploma level attainment, 8 marked the B.S. or B.A. level, 21 indicated masters level, 15 completed doctorates and 6 reported other degrees not listed in these categories. This is of particular interest to nurse leaders and administrators who assess the present status of educational preparation of those responsible for the education of nursing students. It is anticipated with the increasing availability of graduate level programs and doctoral preparation, and the increasing numbers of students being graduated with baccalaureate as entry to practice requirements, that future distributions of nurse educators will reflect a higher proportion of faculty prepared doctorally in nursing. This trend is already evident with graduate preparation in nursing being prefered over other educational credentials in some hiring practices. The distribution of the highest non-nursing academic credentials attained for the educators in this study is available in Table 4.

Graduate study enrolment. This item represents 45 of the 140 respondents. When regarded as an indicator

Table 4: Non-nursing Educational Credentials of Nurse Educators

Highest Academic Credential Obtained apart from Nursing	Number of Nurse Educators	%
Diploma	1	2
BS/BA	8	16
Masters	21	41
Doctorate	15	29
Other Degree	6	12

Valid Cases= 51
Missing Cases=89

of interest in the advanced preparation of nurse educators, it signifies a demand for availability of graduate level programs. Administrators need to be aware of these trends to assist in future planning of advanced level education and in determining future hiring needs. Of these 45 currently enroled in graduate studies, 15 indicate pursuing a Masters in Nursing degree, 17 marked masters in another field, 2 were in the doctoral program in nursing and 7 more indicated a doctoral program in another field. A final

category was allowed, marked "other", in which respondents were asked to specify the degree being sought. In this category, 4 nurse educators responded but further specification of type of degree was not recorded for analysis. Table 5 displays this information about enrolment in graduate education.

Table 5: Graduate Study Enrolment

Name of Program	Number of Nurse Educators	%
Masters in Nursing	15	33
Masters in another field	17	38
Doctorate in Nursing	2	4
Doctorate in another field	7	16
Other Graduate Level Program	4	9

Valid cases= 45
Missing cases= 95

Future considerations. The inclusion of this item from the questionnaire is primarily for descriptive purposes. It allows a cursory look at the view of the future by 138 of these 140 nurse educators. They were given the opportunity to mark all that applied from the following categories:

1. employed in nursing in some capacity
2. involved in graduate study in nursing
3. involved in other graduate study
4. working in a field other than nursing

5. not employed outside the home
6. working as a nurse educator
7. retire
8. other

These are not mutually exclusive categories and respondents were encouraged to signify more than one if desired. Therefore, for the purposes of this study, the responses were recorded according to three criteria: one, if the respondent chose number 6 as well as 1 as a possibility, number 6 was recorded; two, if the respondent chose number 1 but not number 6 this was recorded as a 1; and three, if the respondent clearly indicated a withdrawal from nursing in items 4, 5, 7, or 8, this was noted by those category numbers. Because of the overlap of findings with the graduate study choices, no attempt was made to record those choices. From these findings it was possible to clearly identify those who would still choose to work as nurse educators, those who would remain in nursing but not as a nurse educator and those indicating withdrawal from nursing.

Of the 138 respondents to this question, 77 indicated remaining as nurse educators, and 44 chose the general employment in nursing category. These two figures represent 56% future nurse educators, and 32%

employed in nursing in another area. It was possible to identify the third group, 5% who could envision leaving nursing either through retirement or by choosing another field. These are interesting findings which could have implications for the stability of the numbers of available nurse educators for future employment. No attempt is made in this study to determine reasons for this apparent dissatisfaction with the nurse educator role. However, the next item discussed does provide further indication of the way this group rated their present satisfaction.

Satisfaction with present career. This item from the nurse educator information questionnaire was a very simple discrete choice item. It does not provide any detailed descriptions of the four levels of satisfaction (very, moderately, slightly, or not at all), however, it can be reported merely as an indication of the satisfaction of these 138 individuals reflective of their opinion on the day of their response only. Those indicating they were "very satisfied" accounted for 54% (74 respondents); "moderately satisfied" was marked by 37% (51); "slightly satisfied" was chosen by 7% (9); and 3% (4) indicated that they were "not at all satisfied". Only

2 nurse educators chose not to indicate their satisfaction.

Educational program of employment. It was not within the scope of the original pilot project, from which these data were obtained, or of this study to draw any comparisons among the five nursing education programs offered in Edmonton at the time of data collection. This item, identifying type of educational program of employment for the nurse educators is included in this description solely to establish that respondents did indeed represent all three types of nursing education programs. Of the 140 respondents, 84 reported their programs as hospital based (60%), 42 indicated university site employment (30%), and 13 marked the college based program (10%). No further indication of specificity to program was deemed necessary to answer the questions posed for this study. This maintains the agreement of confidentiality originally accepted by the principal investigators and subsequently this researcher.

Employment status. To give an indication of the involvement in employment of these nurse educators, it was decided to include this item which describes their full or part time status. This item was answered by

139 of the 140 nurse educators. Full time nurse educators in continuing or permanent positions accounted for 70% of the respondents; another 12% marked full time status for term or sessional work; 8% indicated part-time employment on a continuing or permanent basis; 9% were employed as part-time term or sessional nurse educators and 1% marked the "other" category indicating another yet unspecified classification. These results are available in Table 6.

Experience as an educator. This item provides information about the number of years of experience as an educator that each respondent indicated. Only one respondent chose not to provide this information. The categories for choice were discrete and allowed for a description of experience in years. No provision was made to define full or part time involvement. The findings from this item are better communicated in visual form. A graph format was chosen to display these responses (See Figure 2).

Experience in nursing. This item sought to differentiate the employment history of these nurse educators, providing information of their experience in nursing other than as nurse educators. It is to be

Table 6: Present Employment Status

Present Employment Status	Number of Nurse Educators	%
Full Time Continuing/Perm.	97	70%
Full Time Term/Sessional	16	12%
Part Time Continuing/Perm.	12	8
Part Time Term/Sessional	13	9
Other	1	1

missing cases=1

understood that their employment in nursing other than as an educator could conceivably be concurrent with or separate from their employment as educators. The wording of this question in the original questionnaire (see Appendix B) clearly indicated this differentiation. The two questions regarding employment experience were posed one after the other. It is assumed that the respondents gave careful consideration to this differentiation to avoid any unnecessary error of reporting. Because of the

Figure 2: Years of Experience as an Educator

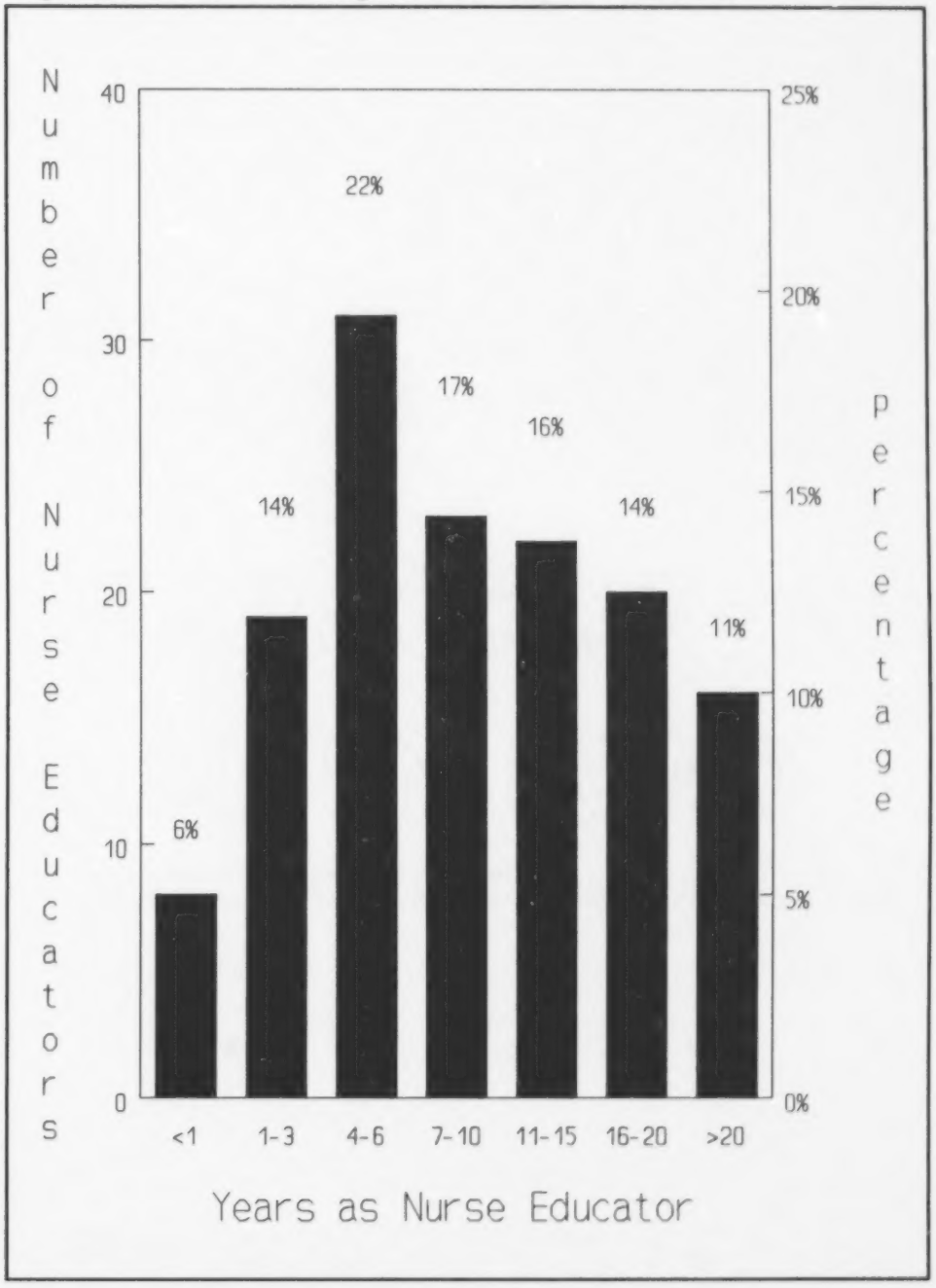
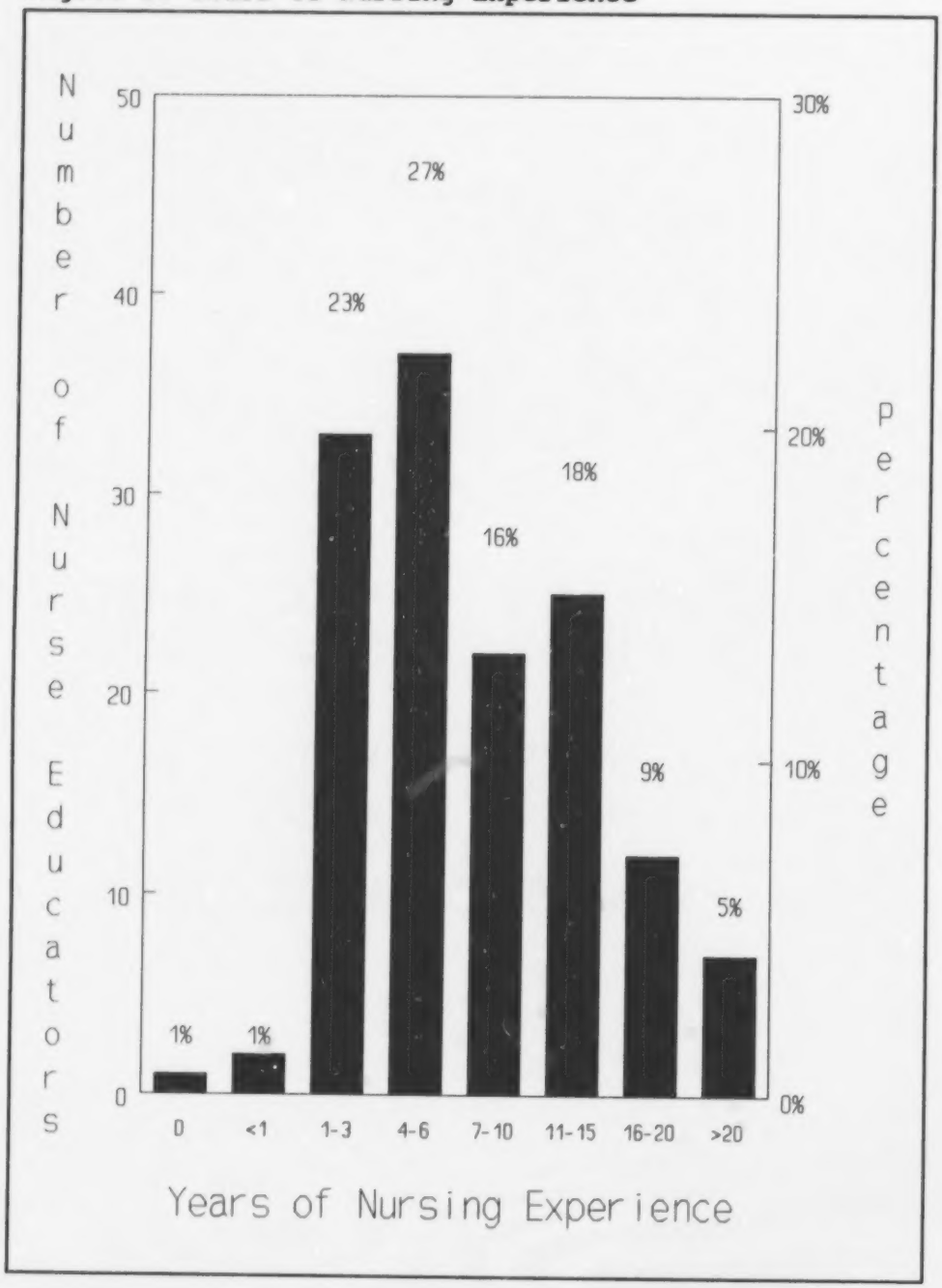


Figure 3: Years of Nursing Experience



variance in situation that this data could represent, this study presents these findings as broad description. A more definitive interpretation of these findings would be possible only if they had been accompanied with description of the nature and timing of the nursing and educator employment experiences. Again, these findings lend themselves well to bar graph format to distinguish the pattern of employment of this group of nurse educators. This information may be of particular interest and value to those who are currently monitoring the discussion of the benefits of ongoing clinical practice for nurse educators. This information is displayed in Figure 3.

Professional journals. In the nurse educator information questionnaire, respondents were asked to indicate how many professional journals they reviewed on a regular basis. This researcher assumes that the term "review" has been understood in the broadest sense to indicate that this number were "read" by the nurse educators. The findings for this item are presented in a bar graph format to show the variance of response from the 131 nurse educators who chose to answer (See Figure 4). The number 2 was most often chosen by 26 of

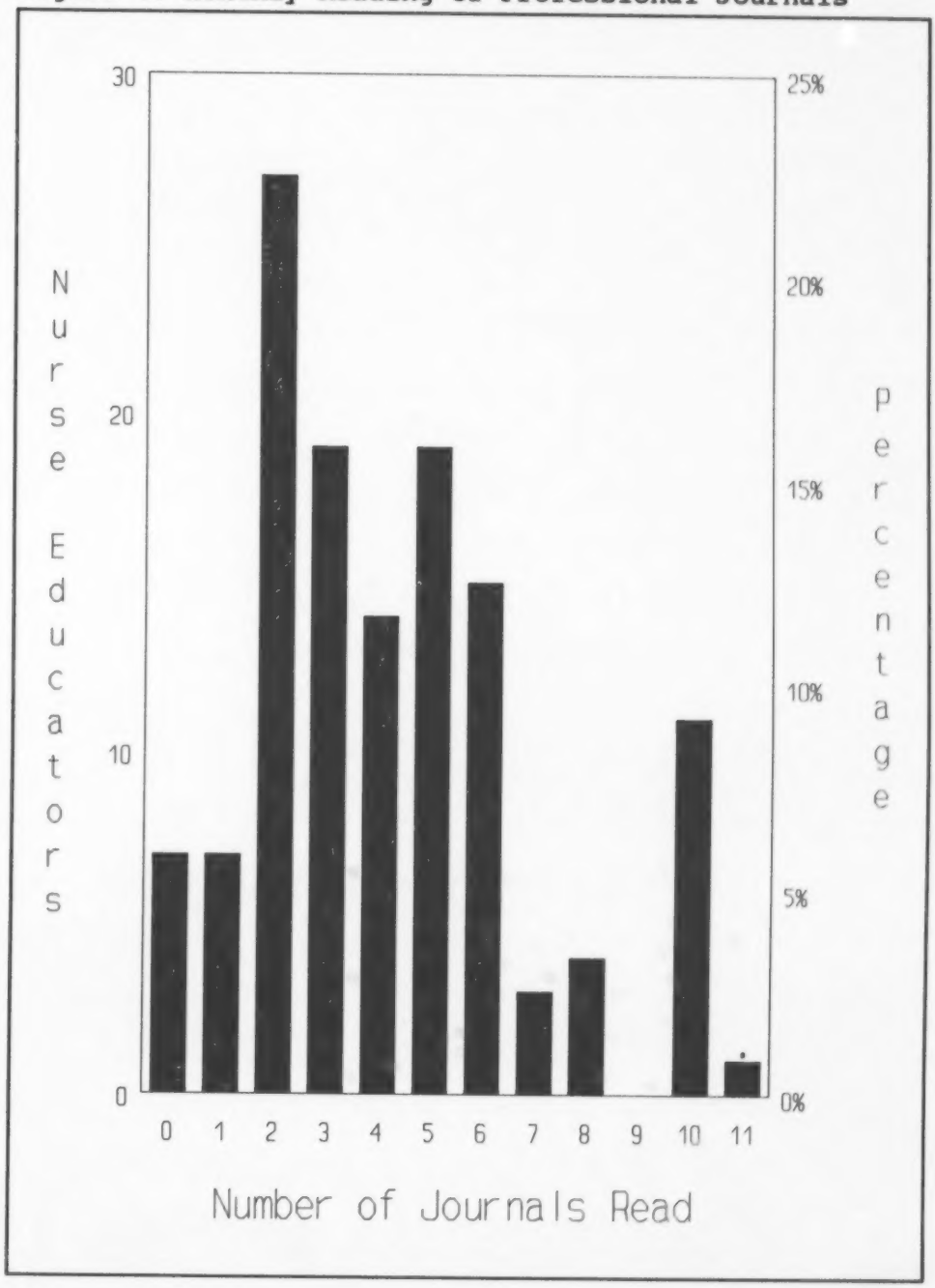
the nurse educators. The range of journals read on a regular basis per month was from 0 to 25. In order to facilitate the description of these data in chart form, the four high outliers were omitted from the display. These four chose to indicate the number of journals reviewed monthly as 12, 16, 19 and 25 respectively. The largest concentration of nurse educators (72%) is noted as reading 2-6 journals per month on a regular basis.

The reading of professional journals was itemized by the original principal investigators in a list of activities engaged in to maintain professional competence. It was also isolated as a separate item. It is reported in this study primarily as an indicator of interest in professional activity.

Maintaining professional competence. This last item selected offered the respondents a list of eight choices to indicate what types of activities they engaged in to maintain professional competence. They were encouraged to mark all that applied:

1. clinical practice
2. participation in professional organizations
3. reading professional journals
4. institutional services
5. workshops
6. presenting scholarly papers
7. nursing conventions/conferences
8. other (specified)

Figure 4: Monthly Reading of Professional Journals

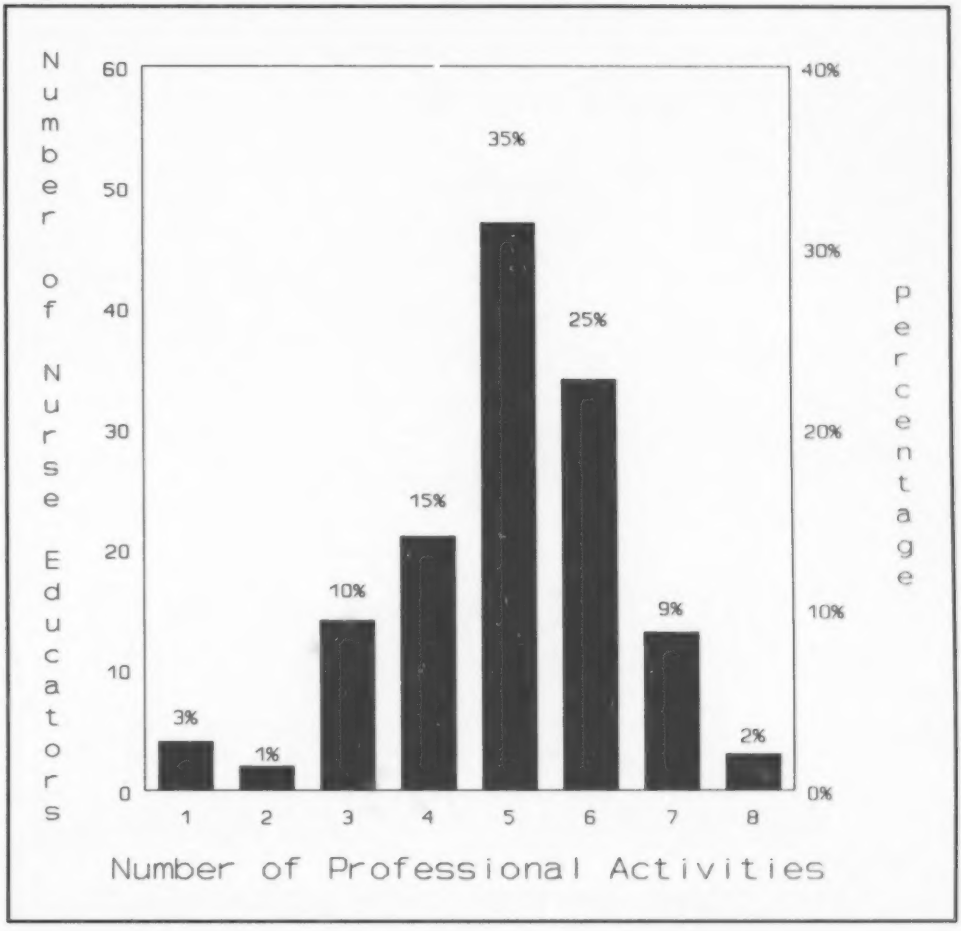


These responses were not ranked in any order of merit. No rationale was provided for assigning these categories to a list of activities said to maintain professional competence. However, in order to assess in an overall manner, the interest in these activities, it was decided to total all categories indicated and report that total number for each respondent. The information gained from such a question is not meant to be interpreted in this study as a reliable or tested measure of the professional activity of the nurse educators, only as a broad descriptive item.

All but two of the nurse educators responding to the study chose to indicate their answers to this question. Of the 138 who responded, 30% had marked 4 or less of these categories. The full description of this frequency distribution is displayed in Figure 5.

Because of the emphasis in the literature regarding specific professional activities such as clinical practice, the data from this question was also examined in another fashion. It was noted that 59% of the respondents indicated active clinical practice as one of the activities to maintain professional competence. Participation in professional organizations was also noted separately. A slightly

Figure 5: Professional Activities



higher percentage (62%) indicated this activity as a regular practice to promote ongoing professional growth. The last category of responses considered from this question was attendance at workshops, or conferences, or the scholarly presentation of papers. Of these choices, 95% of the educators indicated their participation. These figures provide an interesting

baseline for future documentation about the professional activities of nurse educators. With an increasing emphasis on baccalaureate preparation there may be trends of change to note in the practices of the educators preparing the students of the future.

Question Two:

2. How do these nurse educators perceive their own professional role orientation, as indicated by their total scores on the Nurse Self Description Form?

To answer this question, the distribution of scores was examined and prepared for display. Given that this is a sample of nurse educators, with presumably well established professional role orientations, the fact that this 19 item, Likert-type scale has been able to discriminate among individuals to produce a broad distribution of scores indicates the usefulness of this tool as a measure (Polit & Hungler, 1987). In order to display this particular distribution, the stem and leaf method has been chosen. The same information could be presented in several ways, including histogram, box and whisker plot, bar graph or table but the stem and leaf allows for clear visual display without loss of information (Glass & Hopkins, 1984).

When interpreting this display (Figure 6), the following information is needed. Each "stem" has a width of five score increments. The value in the "stem" column is the first digit or first two digits of the individual scores. Each "leaf" represents one case score and is printed as the last digit of each score. The frequency column indicates how many scores fell within each grouping of scores with range of five increments.

Of the 140 respondents, 130 chose to complete the Nurse Self Description Form (NSDF). Of these 130, eleven forms were found to have two or less of the 19 questions omitted. These scores were coded to reflect the omissions. Calculations were carried out on the scores, by SPSS computation, to present a predicted value of the total with omissions accounted for. This procedure rendered all 130 forms as valid scores for reporting and statistical analysis. To establish meaning for the actual score totals, Table 7 indicates the expected range of values.

Prior to a discussion of the exploration of possible relationships between variables, it was

Figure 6: NSDF Totals: Stem and Leaf Display

Frequency	Stem	Leaf Display
0	5	
1	5	9
3	6	244
4	6	6888
9	7	001133344
14	7	55578888899999
16	8	0000122223344444
15	8	556667777889999
20	9	000000111111112233344
11	9	55677888889
14	10	00001111222334
11	10	55555566789
7	11	0111123
3	11	679
1	12	0
1	12	7
0	13	

Stem Width: 5
Each Leaf: 1 case

Valid cases: 130
Missing cases: 10

Mean	90.34	Std Err.	1.21
Median	90.00	Variance	189.83
Range	68.00	Std Dev.	13.78
Min	59.00	Max	127.00

Table 7: Expected Range of Values for the NSDF

Likert No.	Comparative Standard	Score
1	Definitely less than most nurses	19
2	Somewhat less than most nurses	38
3	About the same as most nurses	57
4	Somewhat more than most nurses	76
5	Definitely more than most nurses	95
6	Far more than most nurses	114
7	To a degree rarely equalled	133

Actual Range of Scores from this Sample: 59 - 127

Valid cases for this Sample: 130 Missing cases: 10

considered necessary to briefly examine this group of ten nurse educators who had chosen not to complete the NSDF. Is there anything significantly different about this group compared to those who had completed the scale? If these ten nurse educators had completed the NSDF could it have made any significant difference to the findings? In order to answer these questions, the cases which had not completed the NSDF were statistically separated from the entire group and labelled Group 2. Group 1 represented those who had completed the NSDF. Next, chi square analysis was carried out between the two groups on the findings from

the demographic and biographic variables. The results of these computations are summarized (Table 8).

Table 8: Chi Square Results: Summary Table

Considered Variables	Chi Square Values	D.F.	Signif.	Missing Values
Grad.Year	38.69720	31	0.1611	12
Nsg. Cred.	6.50379	3	0.0895	2
Ed. Cred.	8.57234	4	0.0727	89
Gradstud.	2.84053	4	0.5849	95
Empstat.	3.52036	4	0.4748	1
Educ. Exp.	12.14738	6	0.0588	1
Nsg. Exp.	7.17833	7	0.4106	1
Howsat.	13.916	3	0.0030	2
Profjour	14.20936	14	0.4342	9
Profact	6.27975	7	0.5075	2

Only one of the chi square analysis findings showed any statistically significant differences and these were noted. Those in Group 2, who had chosen not to complete the NSDF, had reported lower satisfaction with their careers as nurse educators. The chi square analysis for level of satisfaction, constructed to display these findings follows in Table 9.

Table 9: Nurse Educator Satisfaction: Chi Square Results

COUNT	HOWSAT VERY 1	MODERATELY 2	SLIGHTLY 3	NOT 4	ROW TOTAL
GROUP 1.00	71	47	9	2	129 93.5
GROUP 2.00	3	4		2	9 6.5
COL. TOTAL	74 53.6	51 37.0	9 6.5	4 2.9	138 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE
13.91623	3	0.0030

NUMBER OF MISSING OBSERVATIONS = 2

Refer to Table 1 for explanation of abbreviated terms.

Although the findings from this chi square analysis were interesting, the difference between the two groups overall was not significant. It was decided to proceed with the use of the NSDF scores of the remaining 130 nurse educators for exploratory analysis of correlation with the selected variables.

Question Three:

What is the nature of the relationships between selected demographic and biographic variables of the nurse educators and their NSDF scores?

The primary purpose for this research was to describe this sample of 140 nurse educators. A secondary direction was to examine the selected data about them to gain more information about their professional orientation as nurse educators. The results from the NSDF data provide indication of the self-perceptions of these nurse educators regarding their professional behavior, attitudes and skills. There is a broad distribution of total scores on the NSDF, all within expected limits for such a group, but nevertheless diverse.

There is no attempt in this study to determine causation between selected variables and the professional orientation of the nurse educators. Statistical exploration, using the SPSS statistical analysis program (Norusis, 1990) was carried out to investigate the nature of the relationships between variables. The findings for each variable are discussed in turn in this section.

Pearson Product Moment Correlation was the technique chosen to explore relationship between the selected variables and the NSDF total scores. The letter "r" is the symbol used to designate the test result. The product is expressed as a coefficient

between +1 and -1. A correlation of 0 indicates no relationship; correlations approaching + or - 1 indicate strong relationships or perfect correlations (Wilson, 1989). The plus or minus sign indicates whether the correlation is direct (+) or inverse (-). The strength of the correlation is also evaluated by considering the observed significance level (P). For this discussion of findings, values are accepted as statistically significant if the observed significance is less than or equal to .05.

Of the fourteen demographic and biographic variables, four were not submitted for Pearson correlation technique: gender, educational program of employment, future considerations and enrolment in graduate studies. Because only one respondent had been reported as male, analysis was not considered for this variable. Employment in a specific type of nursing program was not examined in relationship to NSDF scores to safeguard the confidentiality of respondents and nursing programs as previously agreed upon. The data concerning future considerations and enrolment in graduate studies are nominal in nature and are suitable for description but not for statistical analysis using the Pearson Correlation technique.

Table 10: Pearson Correlation Coefficients: Selected Variables with NSDF Total Scores

Variables	NSDF Correlation Coefficients	Significance Levels
AGE	.2615	.01
GRADYEAR	-.1996	.05
NSGCRED	.2156	.05
EDCRED	.2495	
EMPSTAT	-.0475	
EDUCEXP	.2921	.01
NSGEXP	-.1545	
HOWSAT	-.1268	
PROFJOUR	.3095	.01
PROFACT	.3015	.01
NSDF	1.0000	

See Table 1 for explanation of abbreviated variable titles.

The resulting Pearson coefficients from analysis of the remaining ten variables and total NSDF scores are displayed in Table 10 along with indication of the observed significance levels supplied. Of the ten variables submitted for analysis, six indicate low to moderate relationship at P = or < .05. Each will be discussed in turn.

Age. The r value when age is correlated with the NSDF total score is .2615 (P< or = .01). This represents a low positive correlation suggesting that as the nurse educator's age increases, their total NSDF score would tend to increase.

Year of graduation from basic Nursing program. The relationship between a nurse educator's year of graduation from basic nursing education is weakly and inversely correlated to the NSDF total score. The coefficient is -.1996 (p = or <.05). Those who have more recently graduated (having a higher number recorded for "gradyear" entry) tended to have lower NSDF total scores. This supports the directions of the age variable correlation.

Level of highest nursing credential. The Pearson coefficient of .2156 is significant at level .05. This represents another low positive correlation. Those nurse educators with higher nursing credentials showed a slight tendency to attain higher NSDF total scores.

Level of highest non-nursing credential. The number of valid cases for this variable was considerably smaller than for the other computations (51). This may account for the apparent relationships suggested by the coefficient being .2495. However,

observed significance is not within acceptable levels to suggest a correlation.

Employment status. The coding of this variable would have lower numbers (1 and 2) indicating full time status and higher numbers (3 to 5) indicating part-time status on a continuum of involvement. The Pearson correlations produced a very weak and negative coefficient of -.0475 for this variable. No observed significance is reported.

Experience as an educator. With observed significance at .01, and coefficient of .2921, this is one of the higher correlations noted. Still, this indicates only low correlative strength, suggesting that those who had more experience as an educator might expect a higher total score on the NSDF.

Nursing experience other than as an educator. The Pearson coefficient calculated is -.1545. No observed significance is reported for this correlation. The relationship is too weak to assume any meaningful interpretation.

Satisfaction with current position as an educator.

This coefficient is also non-significant statistically with a value of -.1545 and does not allow

for any speculation about relationship to NSDF total score.

Regular reading of professional journals. This correlation produced the highest coefficient of the variables (.3095) with significance at .01. However, this result was obtained with four scores which had been considered as outliers in the distribution of all responses (number of journals read 12, 16, 19 and 25). When the correlation between number of journals read with the NSDF totals was recalculated with these four outliers removed, the resulting value was .2434, still significant at .01. With this low to moderate correlation, it would be suggested that those who practice active reading of professional journals may score higher on a total NSDF rating.

Professional activities. This variable similarly shows a low to moderate correlation with the NSDF total score producing a coefficient of .3015, significance at .01. This would suggest that educators who take interest and involvement in maintaining professional competence have a tendency to score higher on a total NSDF score. If no relationship had been evident between these two variables it would perhaps have

indicated a weakness in the ability of the NSDF tool to address the concept of professionalism.

These findings, though not markedly strong, do suggest that some factors may be influencing the variance in scores with the NSDF tool.

As more study is done in the area of professional orientation of nurse educators, more insight may be gained into ways of developing and maintaining a strong professional orientation.

Question Four

What reliability and validity information is gained about the NSDF tool when used for this population?

"An important advantage of using a previously developed measure is that it facilitates the comparison of findings . . . and creates a greater potential for knowledge accumulation" (Polit & Hungler, 1987, p. 260). The NSDF is such a tool. It has been adapted especially for use in nursing (Dagenais & Meleis, 1982). It has been assessed previously for internal consistency reliability, reporting a Cronbach's alpha rating of .93 by both Dagenais and Meleis (1982) and Wertenberger (1987). The reliability analysis computed

for the use of the NSDF with this group of nurse educators produced an alpha value of 0.9383.

A further comparison to past results is possible with this tool. The means and standard deviations of each of the 19 items in the NSDF scale were reported in a document by Olsson and Gullberg (1987) for two comparative studies: Dagenais & Meleis (1982) and Olsson and Gullberg (1987). The means and standard deviations for each of the 19 items for this sample have been placed in Table 11 with these other two findings for comparative purposes.

The mean total NSDF score for this study of nurse educators is 90.34. The mean total score for 188 nursing students in the Dagenais & Meleis (1982) report is 75.89 and the mean total score from the Olsson and Gullberg (1987) study of 30 practising nurses is 76.64.

One of the noted strengths of this tool is the ability to discriminate differences among individuals which results in a range of responses. The results in this study support earlier findings about the tool. The total scores tend to be normally distributed, rather than clustered at the top end. This validates in part that the nurse educators' responses show relatively minimal response bias.

Table 11: Comparison of Mean, and Standard Deviation Scores of the 19 NSDF Items

Variable Number	Variable Title	California n = 188 Mean	S. D.	Sweden n = 80 Mean	S.D.	Edmonton n = 130 Mean	S.D.
1.	Drive	4.20	1.10	4.10	0.88	4.75	0.91
2.	Reliability	4.39	1.02	3.97	1.03	5.09	0.94
3.	Objectivity	3.89	0.97	3.87	0.97	4.53	1.07
4.	Flexibility	4.12	0.98	4.53	1.04	5.07	0.94
5.	Grasp Ideas	3.96	1.04	4.07	0.87	4.80	0.99
6.	Teach	4.00	1.11	3.73	0.91	4.93	0.99
7.	Persistence	4.13	1.03	4.20	0.89	5.06	1.06
8.	Adaptability	3.93	1.05	4.23	1.04	4.30	1.14
9.	Independence	3.95	1.10	3.87	1.07	4.98	1.07
10.	Resource-fulness	3.77	0.91	4.03	0.85	4.62	1.05
11.	Discrim-ination	4.03	0.98	4.03	0.89	4.79	0.97
12.	Leadership	3.66	1.05	3.80	0.92	4.65	0.96
13,	Sociability	4.05	1.16	4.30	1.09	4.53	1.28
14.	Consider-ation	4.52	1.04	4.27	1.14	4.83	1.03
15.	Sensitivity	4.25	0.99	4.20	0.92	4.87	0.96
16.	Knowledge Mastery	4.10	1.12	3.67	0.76	4.70	1.10
17.	Desire to Contribute	3.42	0.98	3.70	1.26	4.40	1.27
18.	Intuitive-ness	3.90	1.03	4.10	1.03	4.90	1.17
19.	Creativity	3.62	0.95	3.97	1.25	4.48	1.00
TOTALS		75.89		76.64		90.34	

California Results: Dagenais & Meleis (1982)
Sweden Results: Olsson & Gullberg (1987)
Edmonton Results: Present Study

The correlations of these NSDF scores with demographic and biographic data indicate interesting trends. The finding in this study, that age correlates with the total NSDF score ($r = .26$, $p \leq .01$), is different than the result reported by Dagenais & Meleis (1982) when they did age, NSDF total correlations. In that study no correlation was found (coefficient of .05, no significance) and they had expected one. The report states that they had expected "that age would be correlated with professionalism as a function of personal maturity and the maturation of vocational objectives " (Dagenais & Meleis, 1982, p. 417). Also noted in that study is the lack of any correlations higher than .19. As more research is done using this tool, further comparison of differing populations and variables will be welcomed.

Chapter Five

Summary Statements and Implications

The purpose of this study was to describe a group of nurse educators from Edmonton at a very important time in the development of nursing education in this province. The information for this descriptive and exploratory analysis was made available from a large data base collected for a pilot project in anticipation of a full scale ongoing evaluative project.

This study particularly focuses on information provided about the nurse educators and their total scores on the Nurse Self Description Form (NSDF). The nurse educators from all five nursing education programs in Edmonton were invited to participate in the pilot project. Of the 220 nurse educators approached, 140 chose to respond.

The nurse educators were provided with a demographic and biographic questionnaire as well as the Nurse Self Description Form (NSDF). The NSDF is a measure of self-perception of professional orientation. It was decided by the principal investigators of the pilot project that there was sufficient quantity and

quality of data from these two sources to warrant the description and exploration proposed for this study.

A summary of the findings and discussion will be reported in the form of answers to each of the research questions posed for this study.

Summarized responses to Research Questions

Question One. From the demographic and biographic information selected, what overall picture emerges of the nurse educators from the five nursing education programs in Edmonton during the 1990/1991 academic year?

Fourteen variables were selected from the nurse educator questionnaire to provide an overall picture of the nurse educators. Key findings will be presented in two ways: text and summary chart (See Table 12).

These educators range in age from 26 to 60 with a mean age of 40. Fifty percent of the 124 educators responding to this question are within the 35 to 45 age bracket.

The academic credentials of the nurse educators were determined by information given about the highest nursing credential and the highest non-nursing credential attained. Because of the possibility of these educators holding both kinds of academic

credentials, a exact composite picture of graduate level preparation is not possible. However, it is of significance to note that the majority of doctoral level degrees held by nurse educators currently are from fields of preparation other than nursing. The ratio of doctorally prepared nurse educators from other fields to those within nursing is 15:2 in this sample. However, the ratio of masters prepared within nursing to those from other fields (27:21) is slightly in favour of those prepared within nursing.

Nurse educators were given the opportunity on this questionnaire to speculate about what they could envision themselves doing five years into the future. The results were a little unsettling for the future of nurse educators. Of the 138 who responded to this question, 77 said they would probably remain as nurse educators, while 44 chose to mark the category "employed within nursing" but with no indication of continuing on as a nurse educator. Another 8 could foresee leaving nursing either for retirement reasons (6), or to be employed in another field (2). The remaining 9 respondents gave varied answers which included graduate study or other unspecified choices.

As well as envisioning the future, nurse educators were to indicate, on a discrete choice item, their present satisfaction with their career as nurse educators. Those who said they were "very satisfied" accounted for 54% of the 138 respondents. Another 37% gave indication of being "moderately satisfied". A third group of 7% said they were "slightly satisfied" and 3% admitted to "not at all satisfied". Not knowing the exact meaning which each of these nurse educators could have attributed to these choices, it is difficult to place much significance on these findings. However, combined with the future predictions, these results might be fuel for discussion among nurse educators and administrators.

The next two areas described give a picture of the years of experience represented by this group. For both categories of nursing experience, either as an educator or otherwise, 139 respondents answered. As a group they report a range of experience from one to 20 years. The average number of years of employment of an educator in this group was 8.5 years. Regarding nursing experience, other than as an educator, the choices indicated slightly less experience in this category. The full range of choices was once again

evident, from no other nursing experience to more than 20 years. The average length of nursing experience other than as educator was 5 years.

The last two categories, summarized here, focus on the professional activities these nurse educators marked. When asked to indicate how many journals they regularly reviewed each month, the range of responses was from 0 to 25. The average number of journals read for this group was 5 per month. The number indicated most often was 2 per month. When given the choice of seven activities for maintaining professional competency and an eight "other" category, the average number of professional activities engaged in was 5 on a regular basis. The number of activities chosen most often was also 5 on a regular basis. The range of responses was from 1 to 8. No attempt was made to rank these responses in importance either by the participants or this researcher; however, indicators of clinical practice, conference attendance and professional association involvement were tallied separately as well. It was decided that the total number would give some indication of interest in maintaining professional competence.

Table 12: Summary Data: Description of Nurse Educators

Variable	Respondents Each Question	Missing Cases	Summary of Data
Age	124	16	Mean age = 40 Interquartile Range = 35 - 40
Gender	136	4	Male respondents = 1 Female respondents = 135
Grad.Year BasicProgram	128	12	Range 1951 - 1985 Q1 - Q3 Range = 1966 - 1975
Highest Nursing Credential	138	2	Doctorate in nursing = 2 Masters in nursing = 27 Baccalaureate prep. = 106 Diploma prep. = 3
Highest Other Academic Credential	51	89	Doctorate = 15 Masters = 21 Bacc.=8, Diploma=1
Enrolment in Graduate Studies	45	95	MN=15, Other Masters=17 PhDNsg=2, Other Phds=7
Future Prediction of Employment	138	2	Continue as an Educator = 77 Nursing (other role) = 44 Leave nursing = 8 Unspecified choices = 9
Satisfaction with Present Career	138	2	Very satisfied = 54% Moderately " = 37% Slightly " = 7% Not at all " = 3%
Educational Program of Employment	139	1	Hospital based = 84 College based = 13 University based = 42
Current Employment Status	139	1	Full time status = 113 Part time status = 25 Other designation = 1
Experience as an Educator	139	1	Mean = 7 - 10 years Interquartile Range=4-20years
Other Nursing Experience	139	1	Mean = 4 - 6 years Interquartile Range=1-15years
Regular Journal Reading	131	9	Mean = 5 per month Mode = 2 per month Range = 0 - 25
Professional Activities	138	2	Mean = 5 Activities Interquartile Range= 4-6

Question Two. How do these nurse educators perceive their own professional role orientation, as indicated by their total scores on the Nurse Self Description Form (NSDF)?

The NSDF, when used with this sample, was able to discriminate among individuals to produce a broad distribution of scores. The actual total scores ranged from 59 to 127, all above the score for those who measure their professionalism at a level "about the same as most nurses". The highest possible score was 133. As a group, the mean score was 90. To this researcher's knowledge, the NSDF has not been used before with other nurse educators to allow for comparison with a similar group. It should be of encouragement for the group of nurse educators in this study to note their mean score of 90, rating themselves as "definitely more than most nurses". In light of the role of educators as models to students, this score presents as an acceptable level of professionalism. There may be some concern with those on the lower end of the scale who perceived themselves as being "about the same as most nurses".

Of the 140 respondents, 10 chose not to complete the NSDF. Of these 10, comments were noted on two

forms that indicated a lack of agreement with the format of the tool and an unwillingness to compare themselves to anyone else.

Question Three. What is the nature of the relationships between selected demographic and biographic variables of the nurse educators and their total NSDF scores?

Ten of the demographic and biographic variables were submitted to statistical analysis using the SPSS statistical software program. The total scores of the NSDF and these ten variables were examined for correlation using the Pearson Product Moment Correlation technique. Six of the ten examinations showed statistically significant (at $p = \text{or} < .05$) relationships of relatively low to moderate strength.

The six variables which show possible relationships to the NSDF scores are: experience as an educator, age, reading professional journals regularly, engaging in professional activities, length of time since graduation from basic nursing program and level of attained nursing credentials. The correlation coefficients in these cases are not at all conclusive in accounting for the common variance between the variables assessed. The coefficients within

significance levels ranged from .20 to .31. However, the trends that can be detected suggest that more study in these areas could increase our knowledge of how such variables could influence, to an even greater degree, the development and maintenance of professionalism in nursing.

Question Four. What reliability and validity information is gained about the NSDF tool when used for this population?

There is merit in comparison of results only when the tool used is reliable and consistent. The internal consistency reliability of this tool, for this group of nurse educators was given an alpha rating of .94. Two other studies have recorded the internal consistency reliability ratings when this tool was used with nursing students. Dagenais and Meleis (1982) record alpha at .93 and Wertenberger (1987) reported alpha .93 as well in another study using nursing students.

It was also possible to compare the mean scores and standard deviations for the nineteen NSDF items from this sample with those of Dagenais and Meleis (1982) and Olsson and Gullberg (1987). The results of that comparison in mean scores are interesting (See Table 11). The mean total scores for the three groups

vary among the scores for the nursing students and practising nurses, and the nurse educators. The mean total score for the students was 75 in the Dagenais and Meleis study and 76 for the nurses in the Olsson and Gullberg study. The nurse educators mean total score was 90. It would be interesting to compare findings with other groups of nurse educators. Do other groups of nurse educators perceive their professionalism as being "definitely more than most nurses"?

Implications

Implications for administrators and staff developers. This descriptive and exploratory study is focused on a sample of a particular group of nurse educators in the Edmonton area. As such, it provides information which may assist local administrators to have an overall view of the availability of professionally qualified nurse educators as they assess future staffing needs. The information available from this study, especially identifying ages of the nurse educators, should help to assess need for replacement due to retirement plans. Administrators could also consider the numbers of current nurse educators returning for advanced educational preparation and the

percentage of this sample who have baccalaureate preparation as their highest credential.

The results of this study indicate that about one-third of this group do not have nursing credentials beyond the baccalaureate level. Considering those that have graduate level credentials from other than nursing, there remains about one half of this group of nurse educators who could seek further education. This suggests there could be continued interest in advanced nursing education programs locally. Nurse educators should be encouraged to consider increased preparation in nursing at the Masters and Doctorate level. Administrators of these nursing education programs will need to anticipate the number of student places required for future planning.

Staff developers could consider the current population of nurse educators and address the apparent dissatisfaction of some educators with their career. Ongoing staff education and support in the professional role could enhance the educators' views of the future.

Professional nursing organizations could note the information revealing that only 62% of these nurse educators indicate participation in professional organizations. This suggests a need to promote these

organizations, particularly targeting nurse educators as a critical group to attract. It is unlikely that educators who themselves do not take an interest in their professional associations would encourage students to participate.

Implications for nurse educators. This study provides pertinent information for nurse educators, allowing an overall view of their own qualifications in comparison to their peers. Perhaps it will encourage some to seek advanced educational preparation, hopefully in nursing. It could also alert some to their need for ongoing interest and participation in professional activities to maintain competence. As baccalaureate education becomes the standard for entry to practice, nurse educators will be challenged themselves to be more involved in scholarly writing, clinical expertise maintenance and association with professional organizations. This study will provide a baseline to measure the ongoing development of nurse educators professionally. Educators will want to see evidence of their progress in this area. The introduction of the Collaborative Program has brought change to the nurse educators as well as change in the way that students are prepared.

As the NSDF tool gains credibility as an indicator of professionalism, nurse educators could use this tool as a self-administered evaluation, seeking to highlight areas of their own professional role which could be strengthened with attention.

There would appear to be a need to address the reported dissatisfaction with a career as nurse educator. Requests for inservice education sessions which focus on the particular stresses of the professional role as nurse educator could be put forth.

Implications for future research. Provision is made with this study for some beginning information about assessing the professional role orientation of nurse educators. Future studies could explore qualitatively how nurse educators think about their role as professionals.

The correlations between several of the NSDF scores, although low, demonstrate a need for future investigation into the variables that influence variance in the professional orientation of nurse educators. Nurse educators themselves may wish to continue research in this area to foster and monitor further growth and development of their professional identity.

Correlations between individual items on the NSDF scales and the demographic and biographic variables of nurse educators could be calculated. This type of investigation could focus on specific aspects of professionalism, enhancing the knowledge of this complex concept.

The use of the NSDF tool for this population seems promising and needs to be followed up now that one set of scores has been established with this sample. Should future educators and administrators in the Edmonton area wish to follow up with this tool they would be able to draw comparisons against this baseline data.

As the nursing profession faces the future, and the changes that will come, nurse educators will need to give professional guidance and leadership to students, often in ways they themselves were not prepared as students. Increasing accessibility to baccalaureate preparation creates a need for increasing accessibility to graduate preparation in nursing for faculty members. The challenge is evident that further research can provide a solid base for practice and an exciting field for growth.

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Appendix A

NURSE SELF-DESCRIPTION FORM

Please use the following scale to indicate the degree of your agreement or disagreement with each of the the statements. Record your answers by circling the correct number.

1 = Definitely less than most nurses
2 = Somewhat less than most nurses
3 = About the same as most nurses
4 = Somewhat more than most nurses
5 = Definitely more than most nurses
6 = Far more than most nurses
7 = To a degree rarely equaled

1.	Your DRIVE, as expressed in your work. Think of the energy with which you conduct your work activities. Also consider the speed with which you work and the amount of work you get done.	1 2 3 4 5 6 7	___
2.	Your RELIABILITY and dependability. Consider your willingness to uphold the standards of the nursing profession to report findings honestly, and to perform reliably the services you have agreed to render.	1 2 3 4 5 6 7	___
3.	The degree to which you remain OBJECTIVE and impersonal in evaluating and analyzing ideas, individual abilities, and performance no matter how personally involved you may be.	1 2 3 4 5 6 7	___
4.	Your ability to change, to respond to new and changing situations, to remain FLEXIBLE in your thinking and actions. Consider the degree to which you remain open to new ideas, procedures and techniques and utilize them, and the degree to which you make changes in your work and approaches to it.	1 2 3 4 5 6 7	___
5.	your ability to GRASP IDEAS fully and use them effectively in solving problems. Consider how quickly you grasp the essentials of a problem, see alternative solutions and select the most appropriate solution.	1 2 3 4 5 6 7	___
6.	Your ability to inform others, to TEACH, to present old and new ideas, to explain and illustrate complexities in a clear, orderly way. Think of your readiness and skill in adapting materials, demonstration, and explanations to the needs of others. Consider your ability to hold their attention while presenting ideas.	1 2 3 4 5 6 7	___
7.	Your ability to stay with a problem PERSISTENTLY. Consider your ability to work hard over a long period, to finish a job once started, and never give up unless it is clearly best to do so.	1 2 3 4 5 6 7	___
8.	Your desire to ADAPT yourself to the needs and wishes of others. Consider to what degree you can and do put aside your own ideas and feelings in the situation and accept those of other people, regardless of your views. Consider your wish to be cooperative, to smooth over disagreements, and get the job done with as little friction as possible.	1 2 3 4 5 6 7	___
9.	Your INDEPENDENCE OF THOUGHT AND ACTION based on your own ideas, judgments, and goals. Consider your determination to set a course of action and to move toward a goal without prompting, pressure or authority from anyone but yourself.	1 2 3 4 5 6 7	___
10.	Your RESOURCEFULNESS in thinking and acting. Consider your capacity to make use of all facilities and means, obvious or not, which are potentially available for the performance of your work and learning in nursing. Rate your resourcefulness in obtaining the materials, facilities, opportunities, etc., which further your work.	1 2 3 4 5 6 7	___
11.	Your ABILITY TO DISCRIMINATE between the relevant and the irrelevant, between the essential and accidental, between the fruitful and the barren in your work. Consider your appreciation of what is needed and not needed, what is practical or impractical, and what is primary or secondary in your work.	1 2 3 4 5 6 7	___

12. Your ABILITY AS A LEADER to guide and direct the activities of others. Consider your ability to get others to follow your advice and direction, to accept your opinion. Consider your persuasiveness, firmness and forcefulness. 1 2 3 4 5 6 7 ___

13. How SOCIABLE you are and how easily you get along with many different kinds of people. Consider how much you really desire the company of others as opposed to being by yourself, to what degree you prefer work activities that are generally done alone. 1 2 3 4 5 6 7 ___

14. Your overall interest in and CONCERN FOR OTHER PEOPLE. Consider how warmly you feel and act toward others, how considerate and thoughtful you are with their feelings,and how much you desire to help others. 1 2 3 4 5 6 7 ___

15. How SENSITIVE YOU ARE TO THE REACTIONS AND MOTIVES OF OTHERS. Consider how well you understand people and why they do what they do. Think of your awareness and perceptiveness of what others feel and wish, your ease in dealing with people, and your ability to respond knowledgeably and effectively in helping others to solve their own problems. 1 2 3 4 5 6 7 ___

16. Rate your DESIRE TO MASTER THE KNOWN BODY OF SCIENTIFIC OR TECHNICAL PRINCIPLES or theories pertaining to nursing. Consider the degree to which you seem eager to grasp any and all such principles rather than merely to know what you can use on a specific job or problem. 1 2 3 4 5 6 7 ___

17. Your DESIRE TO ADD TO THE AVAILABLE INSIGHTS IN NURSING THROUGH EXPERIMENTAL STUDIES. Think of the intensity of your desire to achieve new insights for their own sake and for the sake of people generally, and of the degree to which you draw major satisfaction from search for such new insights. 1 2 3 4 5 6 7 ___

18. Your INTUITIVENESS, your ability to sense and grasp the significance in thoughts, situations, facts, relationships, and ideas, through a feeling inside yourself of that meaning and its character before you can explain why you sense it. 1 2 3 4 5 6 7 ___

19. Your POWER TO CREATE, NURTUE AND IMPLEMENT a new idea in nursing. Think of this new idea as occurring in any area of nursing, such as patient care, community health action,teaching, administration, supervision, research, etc. Consider the uniqueness of the idea and the number of people it might affect. 1 2 3 4 5 6 7 ___

Appendix B

NURSING FACULTY QUESTIONNAIRE

A group of nurse educators is interested in research about the people and the process involved in education for nursing practice and in nursing practice outcomes. This questionnaire is part of the data collection process for research on the collaborative nursing education initiative in Edmonton. We are interested in comparing faculty and graduates currently in nursing and nursing education. The questions included in this questionnaire are based on items commonly addressed in current literature.

By participating in this study, you help us gather meaningful information about nurse educators. The questionnaire will take you approximately 20 minutes to complete. Please answer each question by placing a check mark (✓) in the appropriate space. **Omit any item you prefer not to answer.**

Thank you for your assistance.

1. Age

   _____

2. Gender
   _____1. male
   _____2. female

3. Racial group
   _____1. Caucasian
   _____2. Asian
   _____3. Black
   _____4. Aboriginal
   _____5. Other (specify)
   _____
   _____

4. What is your current marital status?
   _____1. single, never married
   _____2. married
   _____3. separated
   _____4. divorced
   _____5. widowed
   _____6. other (specify)
   _____
   _____

5. Which of the following family structure most closely describes the family you live in now?
   _____1. single adult
   _____2. married, no children
   _____3. married with children
   _____4. single parent with children
   _____5. other adult(s), not parents
   _____6. extended family
   _____7. blended family
   _____8. Other (describe)
   _____

6. How many individuals are dependent on you for physical, legal or financial support?
   _____1. none
   _____2. 1 - 2
   _____3. 3 - 4
   _____4. 5 or more

7. Are you currently involved in volunteer work? (eg.. sports teams, church or community activities)
   _____1. yes, less than 8 hrs/wk
   _____2. yes, 8-15 hrs/wk
   _____3. yes, 16-24 hrs/wk
   _____4. yes, over 24 hrs/wk
   _____5. no, not at this time

8. Which of the following family types most closely describes the family you grew up in?
   _____1. 2 parents
   _____2. single parent
   _____3. other adult(s), not parents
   _____4. extended family
   _____5. blended family
   _____6. Other (specify)
   _____

9. Was your mother employed outside the home while you were growing up (before age 18)?
   _____1. yes
   _____2. no (go to Q. 11)
   _____3. information not available

10. If yes, was your mother employed mainly:
    _____1. full-time (over 30 hours per week)
    _____2. part-time (less than 30 hours per week)

11. Was your father employed outside the home while you were growing up (before age 18)?

_____1. yes
_____2. no (go to Q. 13)
_____3. information not available

12. If yes, was your father employed mainly:

_____1. full-time (over 30 hours/week)
_____2. part-time (less than 30 hours/week)

13. Indicate your father's and mother's highest educational credential.

Father	Mother.	
_____	_____1	less than a high school diploma
_____	_____2	high school diploma
_____	_____3	technical school diploma/certificate
_____	_____4	college or university degree
_____	_____5	graduate or professional degree
_____	_____6	don't know
_____	_____7	other (describe)

14. What kinds of work were your parents primarily involved in while you were growing up? (mark all that apply)

Father	Mother.	
_____	_____01	arts (performing and creative, include crafts, dressmaking, tailoring)
_____	_____02	business (administrator, manager, owner, consultant, accountant)
_____	_____03	clerical and related fields (secretarial, bookkeeper, cashier)
_____	_____04	farming/ranching
_____	_____05	health fields (non-physician, non-nurse)
_____	_____06	Registered Nurse
_____	_____07	professions (law, medicine, psychology, research scientist, engineering, clergy)
_____	_____08	public administrator or official, military
_____	_____09	semiskilled or unskilled work (factory work, waitress, truck driver)
_____	_____10	skilled or technical trades (beautician, mechanic)
_____	_____11	social work, counselling
_____	_____12	teaching or educational administration (other than college or university level, including private lessons)
_____	_____13	teaching or educational administration (college or university)
_____	_____14	other (specify) _____
_____	_____15	none

15. Where were you living prior to entering your basic nursing program?

_____1. Edmonton area
_____2. Red Deer area
_____3. Calgary area
_____4. Other area of Alberta
_____5. Another province
_____6. Another country

16. Which of the following best describes where you grew up? (Mark all that apply)
____1. city
____2. town
____3. rural area
____4. other(specify)_____

17. How supportive were family members of your decision to become a nurse?
(F) = Father, (M) = Mother,
(S) = Spouse/Significant Other

(F)	(M)	(S)	
____	____	____	Very supportive
____	____	____	Moderately supportive
____	____	____	Somewhat supportive
____	____	____	Actively opposed
____	____	____	Not applicable

18. Which of the following best describes your basic nursing program?
____1. Hospital diploma program
____2. College diploma program
____3. Four year generic baccalaureate program
____4. Five year "sandwich" baccalaureate program
____5. Other(specify)_____

19. What was the Geographic location of your basic nursing program?

_____, _____
City Province

_____
Country

20. In what year did you graduate from your basic nursing program?
_____

21. What educational credentials have you obtained in nursing? (Mark all that apply.)
____1. diploma in nursing (yr._____)
____2. BN, BNS, BScN (yr._____)
____3. masters degree (nursing) (yr.____)
____4. doctorate (nursing) (yr._____)
____5. specialty certification (please specify) _____
____6. other (specify)
_____

22. What educational credentials have you attained other than in nursing? (Mark all that apply.)
____1. diploma (field?_____yr.____)
____2. BS/BA (field?_____yr.____)
____3. masters degree (field?____yr.____)
____4. doctorate (field?_____yr.____)
____5. other (specify)
_____

23. If currently enrolled in graduate studies please indicate type: (Mark all that apply.)
____1. master's program in nursing
____2. master's program in another field (specify) _____
____3. doctoral program in nursing
____4. doctoral program in another field (specify) _____
____5. other (specify) _____

24. If currently enrolled in post-secondary studies are you studying.
____1. part-time
____2. full-time
____3. other (specify) _____
____9. not applicable

25. At the present time, what do you envision yourself doing five years from now? (Mark all that apply.)
____1. employed in nursing in some capacity
____2. involved in graduate study in nursing
____3. involved in graduate study (not nursing)
____4. working in a field other than nursing
____5. not employed outside the home
____6. working as a nurse educator
____7. retire
____8. other (specify) _____

26. If your intent is to pursue educational goals within the next 5 years what educational programming would you most like to be enrolled in?
____1. master's program in nursing
____2. master's program in another field (specify) _____
____3. doctoral program in nursing
____4. doctoral program in another field (specify) _____
____5. other (specify) _____

27. In which type of nursing educational program setting are you currently employed?
____1. hospital
____2. college
____3. university
____4. other (specify)_____

28. Which of the following best describes your current employment status in the nursing education program?
____1. full-time continuing/permanent
____2. full-time term/sessional
____3. part-time continuing/permanent
____4. part-time term/sessional
____5. other (specify)_____

29. How much experience do you have in nursing as an educator?
____1. less than 1 year
____2. 1-3 years
____3. 4-6 years
____4. 7-10 years
____5. 11-15 years
____6. 16-20 years
____7. over 20 years

30. How much experience do you have in nursing other than in education?
____1. none
____2. less than 1 year
____3. 1-3 years
____4. 4-6 years
____5. 7-10 years
____6. 11-15 years
____7. 16-20 years
____8. over 20 years

31. Please indicate all of the categories in which you have been employed since graduation from your basic RN program.
____1. staff nurse
____2. nursing management
____3. nursing education
____4. research
____5. private nursing practice
____6. other _____

32. To what extent are you satisfied with your current position?
____1. very satisfied
____2. moderately satisfied
____3. slightly satisfied
____4. not at all satisfied

33. Check all of the responses that apply: "I plan to stay in my current position until I find a position:
____1. with better working hours."
____2. with better working conditions."
____3. in a field of nursing I prefer."
____4. with a higher salary."
____5. in a geographic area of my preference."
____6. with more professional independence."
____7. outside of the nursing field."
____8. with greater professional mobility."
____9. other (specify)_____
____10. I am not planning to change jobs in the near future."

_____

34. In your current position, what percentage of your time is spent on the following activities?
____% 1. classroom teaching
____% 2. clinical supervision
____% 3. committees
____% 4. administration
____% 5. research
____% 6. clinical practice
____% 7. professional/community involvement
____% 8. consultation
____% 9. other

35. In your current position, what percentage of your teaching time is spent in the following activities?
____% 1. classroom
____% 2. clinical
____% 3. laboratory
____% 4. other (specify)_____

_____

36. How many professional journals do you review on a regular basis?

_____

37. What types of activities do you engage in that maintain your professional competence? (Mark all that apply)

____1. clinical practice
____2. participation in professional organization(s)
____3. reading professional journals
____4. institutional inservices
____5. workshops
____6. presenting scholarly papers
____7. nursing conventions/conferences
____8. other (specify) _____

_____

Thank you very much for your assistance

Collaborative Program: Developmental Research Group

Revised Draft: March 19, 1990
File Name: Nursing Faculty Questionnaire

University of Alberta
Edmonton

Faculty of Nursing

Canada T6G 2G3

3rd Floor Clinical Sciences Building

Appendix C

Certification of Ethical Acceptability for Research Involving

Human Subjects

NAME OF APPLICANT(S): **R. Marjorie Drury, MN Candidate**

TITLE OF PROJECT: **"Description of Nurse Educators from Edmonton Nursing Education Programs and the Self-Reported Perceptions of their own Professional Orientation"**

The members of the review committee, having examined the application for the above-named project, consider the procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

92-12-14
Date

Janice Jensen
L. Jensen, RN, PhD
Chair
Ethics Review Committee

The Ethics Review Committee is a Joint Committee of
The Faculty of Nursing, University of Alberta
and
The Nursing Division, University of Alberta Hospitals

Appendix D

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Letter of Agreement Between Dr. Dana Wertenberger, Dr. Rene Day, and Marjorie Drury, M.N. Student

As members of her thesis committee, we have agreed that Marjorie will complete secondary analysis of selected data collected for the research project entitled, "Characteristics of Students, Graduates and Faculty of Edmonton Nursing Education Programs". She will describe and analyze the selected data relevant to the 140 nurse educators who responded in the original project. From this descriptive, exploratory study, it will be possible to obtain an overall view of the nurse educators in Edmonton. In order to do this, we will provide Marjorie with access to the coded demographic surveys and Nurse Self Description Forms completed by nurse educators.

Two copies of the data generated by the secondary analysis done by Marjorie will be made; one copy will be kept by Marjorie and one copy will remain with us. Presentations made by Marjorie on her research will acknowledge the source of the data (name of the original research project and the name and location of the investigators) and the funding for the collection of the data from publications and presentations made by Marjorie related to this data will be limited to the research questions dealing with the nurse educators. We will be able to use the data from this secondary analysis in future publications and projects with acknowledgement of Marjorie's work.

A manuscript will be submitted by Marjorie for publication to a mutually agreed upon journal within 12 months of her thesis defense with Marjorie as first author, Dr. Day, her supervisor as second author and Dr. Wertenberger as third author. If she is unable to do this, Dr. Day will submit the article with Marjorie as second author and Dr. Wertenberger as third author.

Signatures:

Dr. Dana Wertenberger

Dr. Rene Day

Marjorie Drury

LETTER TO FACULTY MEMBERS

Appendix E

Dear Colleague,

A new collaborative nursing program is being developed for use in the five Edmonton nursing education programs, with implementation proposed for September, 1991. A research study entitled "Assessment of Selected Characteristics of Current Students, Graduates and Faculty of Edmonton Nursing Programs" is currently being conducted to gather data before this major curriculum change is made. The data collected now will be compared with data that is proposed to be collected once the new program has begun. It is anticipated that the results of this study will contribute to a greater understanding of eth impact of a major curriculum change on students, graduates, faculty and the service community.

Permission to invite faculty members to participate in the study has been received from the Dean/Director/Program Head of your nursing program (See attached letter). Participation in the study involves completing a set of questionnaires. The study carries no risks, but does require a time commitment of approximately 30 to 45 minutes for the completion of the questionnaires. There is no penalty for not participating in the study. You are also free to answer only some of the questions. In order to protect the identity of those participating and those who are not, questionnaires will be distributed to all faculty, along with pre-addressed return envelopes. Completion and return of the questionnaires will be considered consent to participate in the study..

Cover sheets with your name and code number are filed, in a locked cabinet, separately from the questionnaires. Only the code number will be entered on each questionnaire. The code number will allow for comparison of data from those questionnaires that are expected to be repeated over the course of the larger study. All data will be kept in a locked file throughout the study. No one from your nursing program will have access to any uncoded data about you. In any material published from the study, it will not be possible to identify individuals. If data from the questionnaires is used to answer research questions that are different from this current study, the researchers will get ethical approval according to usual University procedure before beginning the research.

If you are interested in receiving information about the results of this study, please indicate below:

_____ I would like to receive the results of this study.

Name:_____

Address:_____

_____

If you should require further information, please contact one of the investigators:

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University of Alberta, Faculty of Nursing

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University of Alberta Hospitals School of Nursing